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VOLUME 1 – ADMINISTRATIVE AND ORGANIZATIONAL

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1 **1-a. Offer and Acceptance – Attachment A**

	OFFER AND ACCEPTANCE SOLICITATION NUMBER: HP532003	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams Street Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
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Attachment A: Offer And Acceptance

Submit this form with an original signature to the:

Arizona Department of Health Services
 Office of Procurement
 1740 West Adams, Room 303
 Phoenix, Arizona 85007

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the solicitation.

Arizona Transaction (Sales) Privilege Tax License No:

Not Applicable

Federal Employer Identification No:

86-0792518

For Clarification of this Offer, Contact:

Name: Neal Cash

Telephone: (520) 318-6900

FAX: (520) 325-1441

Community Partnership of Southern Arizona, Inc.


Company Name

4575 East Broadway

Address

Tucson, Arizona 85711

City, State, ZIP Code



Signature of Person Authorized to Sign Offer

Neal Cash

Printed Name

Chief Executive Officer

Title

OFFER ACCEPTANCE AND CONTRACT AWARD (For State of Arizona Use Only)

Your Offer is hereby accepted as described in the Notice of Award. The Contractor is now bound to perform based upon the Solicitation and the Contractor's Offer as accepted by the State, including if applicable, the Best and Final Offer.

This Contract shall henceforth be referred to as Contract Number: _____

The Contractor is hereby awarded the following Geographic Service Area(s):

- ☐ GSA 1 - Apache, Coconino, Mohave, Navajo and Yavapai Counties
☐ GSA 2 - La Paz and Yuma Counties
☐ GSA 3 - Cochise, Graham, Greenlee and Santa Cruz Counties

- ☐ GSA 4 - Gila and Pinal Counties
☐ GSA 5 - Pima County

The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until the Contractor receives an executed purchase order or contract release document or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____, 20____

PROCUREMENT OFFICER

1 1-b. Cover Letter



Building on community strength and spirit.

4575 E. Broadway • Tucson, Arizona 85711 • Administration 520-325-4268 or 800-959-1063 • Fax 520-318-6935

October 14, 2004

Jon Medwin, MBA, C.P.M., CPPO, CGFM
Procurement Administrator
Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, AZ 85007

Dear Mr. Medwin:

Attached are one original and 15 copies of the Community Partnership of Southern Arizona, Inc. (CPSA) response to Solicitation No. HP532003. CPSA is a 501(c)(3) corporation in Arizona and is in good standing and qualified to transact business in the state.

CPSA is applying to continue as the designated Regional Behavioral Health Authority (RBHA) for Graham, Greenlee, Santa Cruz, and Cochise counties (Geographic Service Area 3) and Pima County (Geographic Service Area 5).

We believe our application contains all required information requested in Solicitation No. HP532003. If additional information is needed or if there are any questions, please contact me at (520) 318-6900.

Sincerely,




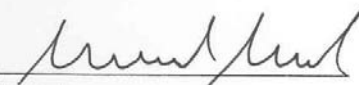
Neal Cash
Chief Executive Officer

Member Services: 800-771-9889 or 520-325-2093

The Community Partnership of Southern Arizona received funding from the Arizona Department of Health Services and the Substance Abuse and Mental Health Services Administration. An ADA/EEO/AA employer.


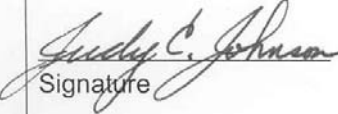
GSA 3/GSA 5

- 1 **1-c. Solicitation Amendments**
- 2 Signed solicitation Amendment No. 1:

	SOLICITATION AMENDMENT	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax
	Solicitation No. HP532003 Amendment No. 1 <div style="text-align: right;">Page 1</div> Solicitation Due Date: October 14, 2004 3:00 P.M. MST	
		Contact: Jon Medwin
<p>A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:</p> <p>Page 61, item 13, "Grievance and Appeals Administrator...Contractor shall not use its in-house legal counsel, corporate attorney or risk management attorney as Contractor's Grievance and Appeals Administrator." shall be amended to read, "Grievance and Appeals Administrator...Contractor shall not use its in-house legal counsel, corporate attorney or risk management attorney as Contractor's Grievance and Appeals Administrator, nor supervise grievance and appeals staff or function."</p> <p>Page 109, item b, "...All pages of the proposal shall be line numbered, re-starting each page with Line 1." shall be amended to read, "All text documents of the proposal shall be line numbered down the left side of the page, restarting each page with Line 1. Documents that contain graphs, tables and/or any other imported object that is not in a text document (e.g. Microsoft Word) do not need to be line numbered."</p>		
Vendor hereby acknowledges receipt and understanding of above amendment <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> 8-26-04 Date </div> </div>		The above referenced Solicitation Amendment is hereby executed this _____ day of _____, 2004 in Phoenix, Arizona. <div style="text-align: center;">Signature /S/</div>
Name and Title: Neal Cash, Chief Executive Officer Name of Company: Community Partnership of Southern Arizona		Name: Jon Medwin, MBA, C.P.M, CPPO, CGFM Title: Procurement Administrator

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1 Signed solicitation Amendment No. 2:

	<p align="center">SOLICITATION AMENDMENT</p> <p>Solicitation No. HP532003</p> <p>Amendment No. 2</p> <p align="right">Page 1</p> <p>Solicitation Due Date: October 14, 2004 3:00 P.M. MST</p>	<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax</p> <hr/> <p>Contact: Jon Medwin</p>
<p>A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:</p> <ol style="list-style-type: none"> Page 77, item F.3.a., Title XIX Profit and Loss Corridors, second sentence "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for accrued payables and receivables as a result of estimated profit corridor payments to or from DHS." is amended to read, "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue paid to the contractor." Page 77, item F.3.b., Title XXI Profit and Loss Corridors, second sentence "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for accrued payables and receivables as a result of estimated profit corridor payments to or from DHS." is amended to read, "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue paid to the contractor." Page 77, item F.3.c., Non-Title XIX/XXI Profit Limit, third sentence "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for accrued payables and receivables as a result of estimated profit corridor payments to or from DHS." is amended to read, "Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue paid to the contractor." 		
<p>Vendor hereby acknowledges receipt and understanding of above amendment.</p> <p>  Signature </p> <p> 9/29/04 Date </p> <p> Name and Title: Judy C. Johnson, Deputy Director/Chief Operating Officer Name of Company: Community Partnership of Southern Arizona </p>		<p>The above referenced Solicitation Amendment is hereby executed this _____ day of _____, 2004 in Phoenix, Arizona.</p> <hr/> <p align="center">/ S /</p> <p>Jon Medwin, MBA, C.P.M., CPPO, CGFM</p> <p>Procurement Administrator</p>

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- 1 **1-d. Offeror Business Information – Attachment B**
- 2 CPSA’s Business Information – Attachment B begins on the following page.
- 3

GSA 3/GSA 5

Attachment B: Offeror Business Information

Offeror's Name: Community Partnership of Southern Arizona, Inc.

OFFEROR GENERAL INFORMATION

1. Type of Organization (Check one and provide requested information)

☒ **Corporation:**

When & where incorporated: 2/10/1995 Pima County, Arizona

Has corporation done business in Arizona? Yes ☒ No ☐

If yes, when and where? 1995 to present 4575 E. Broadway Blvd, Tucson, AZ

Federal I.D. No.: 86-0792518

Primary nature of business: Behavioral Health Services Management

Annual Gross: \$172,482,816

Number of Employees: 154

☐ **Partnership:**

Date of organization:

General Partnership ☐ Limited Partnership ☐

Has partnership done business in Arizona? Yes ☐ No ☐

If yes, when and where?

Social Security No.:

Primary nature of business:

Annual Gross: \$

Number of Employees:

☐ **Joint Venture:**

Date of organization:

Has joint venture done business in Arizona? Yes ☐ No ☐

If yes, when and where?

Names and addresses of joint venture members:

NAME ADDRESS

Federal I.D. No.:

Primary nature of business:

Annual Gross: \$

Number of Employees:

GSA 3/GSA 5

1 ☐ **Sole Proprietorship:**

Name in full: _____

Address: _____

Has sole proprietorship done business in Arizona? Yes ☐ No ☐

If yes, when and where? _____

Social Security No.: _____

Primary nature of business: _____

Annual Gross: \$ _____

Number of Employees: _____

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3 **2. Type of Status** (Check one)

4 ☐ For profit

5 ☒ Not for profit

6 ☐ Government

7
8 **3. License/Certification:** List all licenses and certifications (e.g. federal HMO status or State certifications) your
9 organization maintains, including the license requirement and the renewal dates.

10
11 _____
12 AHCCCS Provider - Regional Administrative Entity, Provider # 321076, effective 10/01/1995
13 _____
14 _____
15 _____

16 Have any licenses been denied revoked or suspended within the past 10 years?

17 Yes ☐ No ☒. If yes, please explain.
18
19

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4. **Civil Rights Compliance Data:** Has any federal or state agency ever made finding of noncompliance with any civil rights requirements with respect to your program? Yes ☐ No ☒

If yes, please explain.

5. **Accessibility Assurance:** Does your organization provide assurance that no qualified person with a disability will be denied benefits of, or excluded from, participation in a program or activity because the Offeror's facilities (including subcontractors) are inaccessible to, or unusable by, persons with disabilities? (Note: Check local zoning ordinances for accessibility requirements). Yes ☒ No ☐

If yes, describe how such assurance is provided or how your organization is taking affirmative steps to provide assurance.

CPSA provides such assurance through compliance with relevant Federal law, specifically Title V, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Additionally, CPSA and its providers act in accordance with applicable provisions of Arizona law and Administrative Code, concomitant with ADHS/DBHS and AHCCCSA policies and procedures.

The steps CPSA utilizes to ensure that ADA standards are followed at the provider level are outlined below:

- Relies on Office of Behavioral Health Licensing to conduct review and acquires copies of Licensure for each contracted provider;
- Requires contracted providers to have ADA policies that ensure agency's compliance with standards;
- Conducts Biennial Comprehensive Service Network Reviews that ensure that Networks comply with ADA standards; and,
- Conducts Biennial Joint Site Reviews of subcontracted providers to ensure compliance with ADA standards.

6. **Prior Convictions:** List all felony convictions within the past 15 years of any key personnel (i.e., CEO, Medical Director, financial officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal.

None

7. **Federal Government Suspensions/Exclusion:** Has the Offeror been suspended or excluded from any federal government programs for any reasons? Yes ☐ No ☒

If yes, please explain.

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- 8. Did a firm, organization, or individual contractor provide the Offeror with any assistance in preparing this proposal?** Yes ☒ No ☐

If yes, what is the name of this firm, organization or individual?

Christina Rossetti, Inc.

dba Rossetti Consulting Group

4951 E. Grant Road, # 307

Tucson, Arizona 85712

InfoMC

2250 Hickory Rd, Suite 400

Plymouth Meeting, PA 19462

- 9. Provide at least three (3) references for work, similar in scope and complexity to this RFP, performed during the last three (3) years.** Provide the requested information.

Ninety-seven percent {97%} of CPSA's revenue is funded by Arizona Department of Health Services. The information listed below provides detail for three contracts outside of ADHS.

- a. Client Name: City of Tucson, Community Services Department

Address: 310 North Commerce Park Loop
Tucson, AZ 85701

Telephone: 1-520-791-4171

Contact person: Peggy Morales, Administrator

Description of services provided:

Provide housing for homeless persons with disabilities through the Shelter Plus Care III Program.

Contract Start/End Dates: July 1, 2004 - June 30, 2005

Contract value: \$ 47,607

- b. Client Name: Pima County Juvenile Detention Center (PCJDC)

Address: 130 W. Congress, 10th Floor
Tucson, AZ 85701

Telephone: 1-520-740-3577

Contact person: Enrique Serna, Deputy County Administrator

Description of services provided:

To maintain an IGA for the Administrative Medical and Behavioral Health Services between Pima County and PCJDC.

Contract Start/End Dates: July 1, 2004 - June 30, 2005

Contract value: \$ 250,000

- c. Client Name: State of Arizona Department of Economic Security

Address: 1789 W. Jefferson, 3rd Floor
Phoenix, AZ 85007

Telephone: 1-602-542-2362

Contact person: Nancy Hansen, Human Development Program Specialist

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Description of services provided:

Specialized substance abuse treatment through a comprehensive continuum of services to families within the CPSA system.

Contract Start/End Dates: March 01, 2001 - June 30, 2004

Contract value: \$ 4,126,835

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FINANCIAL DISCLOSURE STATEMENT

The Offeror must provide the following information as required by 42 CFR 455.103. This Financial Disclosure Statement shall be prepared as of 8/31/04.

1. **Ownership:** List the name and address of each person with an ownership or controlling interest, as defined by 42 CFR 455.101, in the entity submitting this offer:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
Does not apply		

2. **Subcontractor Ownership:** List the name and address of each person with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
None		

Names of above persons who are related to one another as spouse, parent, child or sibling:

3. **Ownership in Other Entities:** List the name of any other entity in which a person with an ownership or control interest in the Offeror entity also has an ownership or control interest:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
Community Behavioral Health Properties of Southern Arizona, LLC. A solely owned subsidiary of Community Partnership of Southern Arizona. This is a disregarded entity for IRS reporting purposes.	4575 East Broadway Blvd. Tucson, Arizona 85711	100% owned by Community Partnership of Southern Arizona, Inc.

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- 4. Long-Term Business Transactions:** List any significant business transactions, as defined in 42 CFR 455.101, between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Contractor's most recent fiscal year end:

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>
Non Profit Corporation	Contract for Behavioral Health Services	\$156,104.00
For Profit Corp, related party through Banner Health, corporate member	Claim processing & member enrollment services	7,823,788.00
State of Arizona Licensed Hospital	Contract for Behavioral Health Services	1,362,192.00
Non Profit Corporation	Contract for Behavioral Health Services	2,323,879.23
Non Profit Corporation	Contract for Behavioral Health Services	105,000.00
Non Profit Corporation	Contract for Behavioral Health Services	85,673.00
Non Profit Corporation	Contract for Behavioral Health Services	16,128,372.15
Non Profit Corporation	Contract for Behavioral Health Services	568,640.15
Non Profit Corporation	Contract for Behavioral Health Services	891,670.56
Non Profit Corporation	Contract for Behavioral Health Services	62,846,239.64
Non Profit Corporation	Contract for Behavioral Health Services	1,357,329.00
Non Profit Corporation	Contract for Behavioral Health Services	16,902,474.61
Non Profit Corporation	Contract for Behavioral Health Services	70,613,862.49
Non Profit Corporation	Contract for Behavioral Health Services	532,347.67
Non Profit Corporation	Contract for Behavioral Health Services	1,890,415.60
Non Profit Corporation	Contract for Behavioral Health Services	436,373.19
Non Profit Corporation	Contract for Behavioral Health Services	1,877,185.85
Non Profit Corporation	Contract for Behavioral Health Services	1,530,789.47
Non Profit Corporation	Contract for Behavioral Health Services	1,069,741.86
Non Profit Corporation	Contract for Behavioral Health Services	27,028.92
Non Profit Corporation	Contract for Behavioral Health Services	960,559.50
State of Arizona Licensed Hospital	Contract for Behavioral Health Services	26,967.18
Non Profit Corporation	Contract for Behavioral Health Services	104,476,513.67
Non Profit Corporation	Contract for Behavioral Health Services	224,720.35
Non Profit Corporation	Contract for Behavioral Health Services	1,266,599.20
Licensed Physician	Contract for Behavioral Health Services	26,250.00
Non Profit Corporation	Contract for Behavioral Health Services	211,190.00
Non Profit Corporation	Contract for Behavioral Health Services	647,062.34
Non Profit Corporation	Contract for Behavioral Health Services	1,739,780.00
Non Profit Corporation	Contract for Behavioral Health Services	26,876,208.39
Non Profit Corporation	Contract for Behavioral Health Services	479,090.00
Political subdivision of State of Arizona	Contract for Behavioral Health Services	458,833.87
Non Profit Corporation	Contract for Behavioral Health Services	368,010.71
Non Profit Corporation	Contract for Behavioral Health Services	2,009,847.70
Non Profit Corporation	Contract for Behavioral Health Services	1,551,370.98

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<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>
Non Profit Corporation	Contract for Behavioral Health Services	499,315.66
Licensed Physician	Contract for Behavioral Health Services	137,000.00
Non Profit Corporation	Contract for Behavioral Health Services	2,641,507.00
Non Profit Corporation	Contract for Behavioral Health Services	92,880,501.56
For Profit Corporation	Contract for Behavioral Health Services	8,066,834.42
Non Profit Corporation	Contract for Behavioral Health Services	817,532.15
Non Profit Corporation	Contract for Behavioral Health Services	17,669,484.09
Non Profit Corporation	Contract for Behavioral Health Services	2,817,731.62
For Profit Corporation	Contract for Behavioral Health Services	34,955,892.40
Non Profit Corporation	Contract for Behavioral Health Services	98,733.12
Non Profit Corporation	Contract for Behavioral Health Services	117,740.00

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- 5. Criminal Offenses:** List the name of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or State Children's Health Insurance Program since the inception of those programs:

<u>Name</u>	<u>Address</u>	<u>Title</u>
None		

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- 6. Creditors:** List the name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's company.

<u>Name</u>	<u>Address</u>	<u>Description of Debt</u>	<u>Amount of Security</u>
Wells Fargo Bank of Arizona, National Association	104 N. Stone Avenue Tucson, AZ 85701	2002 Series bonds \$ 4,791,668 outstanding	Letter of Credit \$ 4,812,569

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RELATED PARTY TRANSACTIONS

- 1. Board of Directors:** List the name and address for each member of the Board of Directors of the Offeror:

<u>Name/Title</u>	<u>Address</u>
Emily Jenkins, Chairwoman	5301 E. Grant Rd., Tucson, Arizona 85712
Fred Chaffee, Vice Chairman	P.O. Box 7277, Tucson, Arizona 85725-7277
Carol Martel, Treasurer	2525 East Broadway Blvd. Ste. 111, Tucson, Arizona 85716
William Inman, Secretary	Rte 1 Box 473, Clifton, AZ 85533
Dan Ranieri	502 W. 29th St., Tucson, Arizona 85713
Reenie Ochoa	4208 S. Santa Rita, Tucson, Arizona 85714
John Arnold	806 East 46th St., Tucson, Arizona 85713
Alan Gelenberg	P.O. Box 245002, Tucson, AZ 85724-5002
Enrique Serna	130 W. Congress, 10th Floor, Tucson, AZ 85701
Michael Ruterma	P.O. Box 600, Douglas, AZ 85608
Dana Johnson	P.O. Box 2161, Benson, Arizona 85602
Bob Locke	3601 E. 2nd – 91, Tucson, Arizona 85716
Tim Sikkema	209 Bisbee Rd., Bisbee, Arizona 85603
Susan Willis	5301 E. Grant Rd., Tucson, Arizona 85712

- 2. Highest-Compensated Management:** List names and titles of the 10 highest compensated management personnel including, but not limited to, the Chief Executive Officer, the Chief Financial Officer, Board Chairman, Board Secretary, and Board Treasurer:

<u>Name</u>	<u>Address</u>
Neal Cash, Chief Executive Officer	4575 E. Broadway Blvd, Tucson, AZ 85711
Judy Johnson, Chief Operating Officer	4575 E. Broadway Blvd, Tucson, AZ 85711
Charles Andrade, Chief Financial Officer	4575 E. Broadway Blvd, Tucson, AZ 85711
Leslie Elmore, Chief Information Officer	4575 E. Broadway Blvd, Tucson, AZ 85711
Edward Gentile, Chief Medical Officer	4575 E. Broadway Blvd, Tucson, AZ 85711
Suzanne Hodges, Legal Counsel	4575 E. Broadway Blvd, Tucson, AZ 85711
Sandy Stein, Associate Medical Director	4575 E. Broadway Blvd, Tucson, AZ 85711
Michael Berren, Director, System Development and Evaluation	4575 E. Broadway Blvd, Tucson, AZ 85711
Miriam Kile, Director, Clinical Operations	4575 E. Broadway Blvd, Tucson, AZ 85711
William Schoenberg, Pharmacy Services Manager	4575 E. Broadway Blvd, Tucson, AZ 85711

NOTE: Members of the Board of Directors are not compensated.

- 3. Related Party Transactions:** Describe transactions between the Offeror and any related party in which a transaction or series of transactions during any one fiscal year exceeds the lesser of \$10,000 or 2% of the total operating expenses of the disclosing entity. List property, goods, Services and facilities in detail noting dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to the reasonableness of the transaction, its potential adverse impact on the fiscal soundness of the disclosing entity, and that the transaction is without conflict of interest:

a) The sale, exchange or leasing of any property:

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Space leased from Offeror for Level I subacute and Level II detoxification services, FY 2004 transactions reported	Compass Health Care, Inc., related party through Behavioral Health Coalition, Corporate Member	\$1,035,835

Justification:

Space owned by CPSA is leased to service providers for the purpose of providing community-wide crisis, Level I subacute and Level II crisis and detoxification services.

b) The furnishing of goods, Services or facilities for consideration:

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Claims processing & member enrollment services, FY 2004 transactions reported	AZ Physicians IPA, related party through Banner Health, Corporate Member	\$370,674

Justification: AZ Physicians IPA had system capacity and capability to provide claims and member enrollment processing services for CPSA. This service was discontinued in June, 2003 as CPSA purchased software from a vendor in order to process claims and member enrollment in-house. There was no conflict of interest in this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide Non-TXIX GMH outpatient services to the adult population, FY 2004 transactions reported	AZ's Children Association, related party through Behavioral Health Coalition, Inc., Corporate Member	\$30,250

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide a variety of services to behavioral health enrollees, including: Non-TXIX SMI & GMH, Non-TXIX Substance Abuse, TXIX SMI & GMH/SA, TXXI SMI & GMH/SA and Non-TXIX COOL DOC in GSA 5, FY 2004 transactions reported	Compass Health Care, Inc., related party through Behavioral Health Coalition, Inc., Corporate Member	\$7,243,417

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

GSA 3/GSA 5

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide a variety of services to behavioral health enrollees, including: Non-TXIX SMI & GMH, Non-TXIX Substance Abuse & Prevention, Non-TXIX COOL DOC, TXIX SMI and TXIX GMH/SA in GSA5, FY 2004 transactions reported	CODAC Behavioral Health Services, Inc., related party through Behavioral Health Coalition, Inc., Corporate Member	\$16,328,484
<u>Justification:</u> Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.		
<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide a variety of services to behavioral health enrollees, including: Non-TXIX SMI & GMH, Non-TXIX Substance Abuse, Non-TXIX COOL DOC, TXIX SMI and TXIX GMH/SA in GSA 5, FY 2004 transactions reported	COPE Behavioral Health Services, Inc., related party through Behavioral Health Coalition, Inc., Corporate Member	\$17,017,317
<u>Justification:</u> Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.		
<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide Non-TXIX GMH & Prevention services to behavioral health enrollees, FY 2004 transactions reported	Information & Referral Services, Inc., related party through Behavioral Health Coalition, Inc., Corporate Member	\$276,391
<u>Justification:</u> Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.		
<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide TXIX Children & SMI DD services to behavioral health enrollees, FY 2004 transactions reported	Intermountain Centers for Human Development, related party through Behavioral Health Coalition, Inc., Corporate Member	\$501,908
<u>Justification:</u> Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.		
<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide Non-TXIX GMH outpatient services to behavioral health enrollees, FY 2004 transactions reported	Jewish Family & Children's Services, related party through Behavioral Health Coalition, Inc., Corporate Member	\$264,786

GSA 3/GSA 5

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide a variety of services to behavioral health enrollees, including: Non-TXIX SMI & GMH, Non-TXIX Substance Abuse & Prevention, Non-TXIX COOL DOC, Non-TXIX Children, TXIX SMI & GMH/SA, and TXIX Children in GSA 5, FY 2004 transactions reported	La Frontera Center, Inc., related party through Behavioral Health Coalition, Inc., Corporate Member	\$26,592,441

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide Non-TXIX GMH services to behavioral health enrollees, FY 2004 transactions reported	Las Familias, related party through Behavioral Health Coalition, Inc., Corporate Member	\$26,800

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted to provide Arizona Department of Economic Security/Arizona Families F.I.R.S.T services to behavioral health enrollees, FY 2004 transactions reported	Our Town Family Center, related party through Behavioral Health Coalition, Inc., Corporate Member	\$40,737

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide TXIX children's acute inpatient services to behavioral health enrollees, FY 2004 transactions reported	Palo Verde Mental Health Services, related party through TMC Healthcare, Corporate Member	\$871,080

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide Non-TXIX Prevention services to rural and Tohono O'odham behavioral health enrollees, FY 2004 transactions reported	Pima Youth Partnership, related party through Behavioral Health Coalition, Inc., Corporate Member	\$327,292

GSA 3/GSA 5

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted services to provide a variety of services to behavioral health enrollees, including: Non-TXIX SMI & GMH, Non-TXIX Substance Abuse, Non-TXIX COOL DOC, Non-TXIX Children, TXIX SMI & GMH/SA, and TXIX Children throughout GSA 3, FY 2004 transactions reported	Southeastern Arizona Behavioral Health Services, Corporate Member	\$21,037,976

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
Contracted to provide Non-TXIX Substance Abuse services to behavioral health enrollees, FY 2004 transactions reported	The Haven, related party through Behavioral Health Coalition, Inc., Corporate Member	\$569,312

Justification: Services were contracted based on community needs, funds available and capability of provider. There was no conflict of interest involved with this transaction.

c) Describe all transactions between Offeror and any related party which includes the lending of money, extensions of credit or any investment in a related party:

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
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None

Justification:

d) List the name and address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e., formulates, determines or vetoes business policy decisions:

<u>Name</u>	<u>Address</u>	<u>Owner or Controller</u>	<u>Has Controlling Interest? Yes/No</u>
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None

Justification:

GSA 3/GSA 5

OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, all Services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore Services in the proposal.

GSA 3/GSA 5

1-e. Experience, Knowledge and Philosophy

ORGANIZATIONAL HISTORY AND EXPERIENCE

The Community Partnership of Southern Arizona, Inc. (CPSA) was founded in 1995 to provide an alternative to the existing Regional Behavioral Health Authority (RBHA) system in Pima County and to integrate RBHA functions across two Geographic Service Areas (GSAs) – Pima County (GSA 5) and Southeastern Arizona (GSA 3). The impetus for the formation of CPSA came from local behavioral health providers' and other key stakeholders' concerns about the large deficit accumulating at the existing RBHA in Pima County, and the potential instability of the entire behavioral health care system in the region.

In response to these concerns, a number of representatives from organizations in Pima County and Southeastern Arizona came together to examine problems and issues in the current behavioral health system, and to explore the possibility of responding to an upcoming Request for Proposals (RFP) for RBHA services. Participants in a series of planning meetings included staff and Board members from many of the behavioral health provider agencies and hospitals in the area as well as other key stakeholders. In response to the RBHA RFP, this group crafted a corporate structure, vision, mission and guiding principles, developing a new organization which incorporated the experience and expertise of three unique "partners": an existing RBHA, an AHCCCS Health Plan, and a diverse group of behavioral health providers.

The new organization which evolved, the Community Partnership of Southern Arizona (CPSA), was incorporated as a community-based, nonprofit 501(c)(3) corporation with a 15 member governing Board of Directors. At the time the organization was formed, CPSA's three founding nonprofit member partners were: Southeastern Arizona Behavioral Health Services, Inc. (SEABHS), the RBHA for GSA 3; Arizona Physicians IPA, Inc. (APIPA), an AHCCCS Health Plan; and the Behavioral Health Coalition of Southern Arizona, Inc., (BHC), a coalition of community-based provider organizations. Board membership for APIPA was subsequently separated into membership for its nonprofit parent organizations, Samaritan Health Systems and Health Partners of Southern Arizona (currently Banner Health System and TMC Healthcare respectively).

On April 24, 1995, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) awarded the RBHA contract for GSA 3 and GSA 5 to CPSA. This contract, which became effective July 1, 1995, was in effect through June 30, 2000. A second RBHA contract for GSA 3 and GSA 5 was awarded to CPSA effective July 1, 2000. This contract remains in effect through June 30, 2005.

ORGANIZATIONAL KNOWLEDGE AND PHILOSOPHY

The Community Partnership of Southern Arizona (CPSA) is as the name implies, "a partnership." In its role as a RBHA, administering public sector behavioral health services in Southern and Southeastern Arizona, CPSA works in partnership with members and their families, providers, state agencies and other community stakeholders.

As indicated in other responses to this solicitation, CPSA has all of the administrative infrastructure and financial resources in place to meet the requirements outlined in this RFP (see responses to 1-f, 1-g, 2-a, 3-b, 4-a, 5-a, 6-c, and 6-e.). CPSA is also fortunate to have a committed and experienced staff capable of implementing and carrying out these requirements (see response to 1-h). For example, of the supervisory, management and executive management staff, 57 percent have been with CPSA for over five years.

In keeping with the community-based roots of the founders of CPSA, the current CPSA Board and staff leadership share a common belief in the importance of community involvement and community reinvestment. CPSA is dedicated to providing high-quality behavioral health services to residents of Southern and Southeastern Arizona and to a philosophy of care that is member and family driven, goal-focused and recovery oriented. Within this philosophical context, CPSA has developed a Mission Statement and Statement of Values and Guiding Principles. They are as follows:

Mission Statement

The mission of the Community Partnership of Southern Arizona is to ensure individuals and families receive accessible, high-quality behavioral health services that are member and family driven, recovery oriented, respect cultural differences and foster hope and self-determination.

GSA 3/GSA 5

Values and Guiding Principles

- Individuals and families seeking services will not be defined by their substance use or mental health disorders.
- Every individual will receive the highest quality of service according to best practice guidelines.
- Integrated treatment strategies will be accepted as a community standard.
- The rights of each individual and their family must be protected including the right to choice and involvement in decisions affecting them.
- The focus of behavioral health services shall be on the individual member and their family and on the development of services that meet individual and family needs.
- Behavioral health services shall be provided following quick and simple entry procedures that are free of administrative, procedural and geographic barriers.
- The behavioral health system will be comprehensive in nature, providing a full continuum and array of services for adults and children.
- The focus of the behavioral health system will be on those most in need and underserved.
- Whenever possible, behavioral health services will be provided in the natural environment of the individual and their family.
- Accessibility to timely behavioral health services is a key priority.
- Services provided will be linguistically and culturally relevant.
- As valued stakeholders, individuals and their families will have ongoing input into system design and implementation.
- The behavioral health service system will be evaluated regularly with accountability for the production of positive outcomes.
- The health and wellness of individuals and families will be enhanced through prevention and health promotion.
- Technology will be utilized to increase the availability and accessibility of behavioral health information and to enhance service delivery.

SUCCESS IN ACHIEVING SYSTEMS AND PRINCIPLES

Arizona Children's Vision and Principles

The CPSA Children's System of Care incorporates and is based upon Arizona Children's Vision and Principles as illustrated throughout the responses to this solicitation (see specific responses to 3-e, 3-f, 3-g, and 3-q.) as well as in the examples of successes and achievements outlined below.

Arizona Principles for Persons with a Serious Mental Illness

The CPSA System of Care for Adults, (specifically adults with a serious mental illness) operates in keeping with the Arizona Principles for Persons with a Serious Mental Illness as illustrated throughout the responses to this solicitation as well as in the examples of successes and achievements outlined below.

Arizona System Principles

As indicated below, CPSA's behavioral health service delivery system has operated in concert with the Arizona System Principles since its inception in 1995. Examples of successes and achievements illustrating alignment with the six Principles are provided below.

Easy Access to Care

- Revised the Pima County Crisis System with an increased focus on children, rural populations and crisis intervention services (FY 1996-97 to present).
- Developed a program including an outreach component to serve the behavioral health needs of persons 60 years and older (FY 1997-98 to present).
- Implemented the Correctional Officer/Offender Liaison (COOL) program (FY 1997-98 to present).
- Established a pilot project with the Tohono O'odham Child Welfare Program, in Sells, to provide evaluation and treatment services for children on the Reservation (FY 1998-99 to present).
- Created the Crisis Consortium, a formal and informal network of crisis service providers in Pima County (FY 2000-01 to present).
- Increased accessibility and availability of services in rural Pima County (FY 2000-01 to present).

GSA 3/GSA 5

- Established a data link between Pima County Juvenile Court Center and CPSA to identify detained RBHA enrolled children (FY 2001-02 to present).
- Created reference cards for first responder safety and emergency services personnel to assist in referrals for stress and mental health related issues (FY 2001-02 to present).
- Completed renovation of Plaza Arboleda, a 76,000 square foot former skilled nursing facility, as the new location for the consolidated and expanded crisis system in Pima County (FY 2002-03 to present).
- Increased the number of Community Service Agencies and Habilitation Providers (FY 2002-03 to present).

Behavioral Health Recipient and Family Member Involvement

- Established the Peer Mentor Program, which includes a consumer-run “warm-line” support service, hospital visitation program and organization of socialization activities for adults served in the behavioral health system (FY 1996-97 to present).
- Initiated the Board Public Policy Committee and instituted Community Councils with representation from members, families, advocates and providers (FY 1996-97 to present).
- Added two family representatives to the Board of Directors with a focus on children’s issues (FY 1996-97 to present).
- Established the Long Range Public Education Coalition (the Long Rangers) to provide community education to reduce the stigma associated with behavioral health disorders and treatment (FY 1997-98 to present).
- Sponsored the first Community Mental Health Arts Show, organized by the Long Rangers with entries from behavioral health recipients and provider staff (FY 1999-2000). The 5th Annual Arts Show will be held in October 2004.
- Convened community forums in both GSA 3 and GSA 5 to obtain input for the development of a strategic plan to increase substance abuse services (FY 2001-02).
- Enhanced involvement of members and their families by establishing the Southeastern Arizona Consumer-Run Services Comfort Zone Drop-in Center, in Sierra Vista (FY 2001-02 to present).
- Coordinated by CPSA’s Long Rangers, in collaboration with the Tucson Fire Department, Arizona National Guard and other community agencies, Family Fun Day at Reid Park provided information on community resources to children and their families (FY 2002-03 to present).

Collaboration with the Greater Community

- Secured funding from the Flinn Foundation to establish an integrated medical and behavioral health clinic for persons with serious mental illness (FY 1996-97).
- Initiated joint training, intergovernmental agreements and cooperative ventures with ADES/DDD, ADES/CPS, ADES/RSA, and ADJC (FY 1996-97 to present).
- Collaborated with Pima County Juvenile Court, ADES/CPS and children’s providers in Pima County to implement the Model Court program, expediting treatment services and permanency planning (FY 1997-98 to present).
- Initiated and participated in the “Bags for Kids” project with CPS and more than 200 volunteers to sew bags for children in CPS custody so they would no longer have to use trash bags for luggage (FY 1999-2000 to present).
- Created a CPSA Juvenile Justice Liaison position based at the Pima County Juvenile Court Center to maintain communication with the court on both dependency and delinquency issues (FY 1999-2000 to present).
- Participated in the development of the Family Drug Court at the Pima County Juvenile Court Center (FY 1999-2000 to present).
- Participated in a joint venture with ADES/DDD for dually-diagnosed members enrolled in both systems who are at-risk for hospitalization (FY 1999-2000 to present).
- Recognized by the Arizona Supreme Court, the CPSA Tucson City Court Mental Health Diversion program was given an award for community accountability (FY 2000-01).
- Co-sponsored the 2nd Annual Southeastern Arizona Mental Health Fair in collaboration with the National Association of Mentally Ill of Southeastern Arizona (NAMI-SEA) in GSA 3 (FY 2001-02).
- Co-sponsored two forums entitled, “Not Just Business as Usual” with ADES/CPS and behavioral health providers in GSA 5 (FY 2001-02).
- Collaborated with the Mental Health Association and provider staff to screen more than 2,000 people during National Depression Screening Day (FY 2002-03 to present).

GSA 3/GSA 5

Effective Innovation

- Organized the first of four annual *Update on Neuropsychiatric Disorders* conferences with over 350 people in attendance (FY 1996-97 to FY 1999-2000).
- Established the CPSA Rural Linkages Teleconferencing program which brought teleconferencing capabilities to Pima County and GSA 3 with linkages to NARBHA and the Arizona State Hospital (FY 1997-98 to present). CPSA now has the largest behavioral health teleconferencing network in the state.
- Implemented a Jail Diversion Program for persons with co-occurring mental illness and substance use disorders (FY 1997-98 to present).
- Sponsored national experts to train state agency representatives and providers on Wraparound and Multi-Systemic Models (FY 1998-99).
- Provided Reflective Practice training for supervisors and clinicians treating children ages birth-to-four and their families (FY 1998-99).
- Published the first edition of *Outcomes, Innovations and Best Practices*, a quarterly monograph that is a forum for discussing innovative programs and their outcomes in GSA 3 and GSA 5 (FY 1998-99 to present).
- Developed the first CPSA Web site (FY 1999-2000).
- Participated in the statewide Integrated Treatment for Co-occurring Disorders panel and the statewide Advisory Board (FY 1999-2000).
- Published the *Sourcebook for Families Coping with Mental Illness*, a rehabilitative and recovery guidebook to empower families, funded by the St. Luke's Health Initiative (FY 2001-02 to present). Now in second printing.
- Sponsored the Texas Algorithm Program, a three-part series focused on best practice protocols in the treatment of Schizophrenia, Bipolar Disorders and Major Depression for physicians, nurse practitioners and physician assistants (FY 2001-02).
- Enhanced the CPSA Web site to include a one-stop document center where providers and family members can access manuals, handbooks and current medication formulary. Other enhancements include more information geared toward members and advocates (FY 2002-03 to present).
- Created the CPSA Training Center at Plaza Arboleda, which allows for greatly expanded, state-of-the-art training opportunities for the behavioral health system and its partners (FY 2002-03 to present).
- Published the first issue of the *Wellness Messenger*, a newsletter to educate members and their families about healthy lifestyle choices, community events and resources (FY 2003-04 to present).

Expectation for Improvement

- Contributed to the development of an "Advocates for Recovery" Coalition in partnership with four other agencies, to increase awareness and reduce the stigma related to substance use disorders (FY 1998-99 to present).
- Completed a public ACCESS Tucson television series to raise awareness of behavioral health issues (FY 1999-2000 to present).
- Exhibited educational information about services available and the Long Rangers' message, *Mental Health Treatment Works*, at over 30 community events and eight Pima County libraries (FY 1999-2000).
- Established the Vocational Services Enhancement Program for the provision of extended employment support services to members with serious mental illness who are newly employed (FY 1999-2000 to present).
- Collaborated with providers, members and advocates to form the Southern Arizona Recovery Task Force to promote the philosophy of recovery throughout behavioral health services in GSA 3 and GSA 5 (FY 1999-2000 to present).
- Organized by the Long Rangers at the request of family members, the first Family Forum, *The Family Journey to Behavioral Wellness* was attended by over 100 participants with attendance in subsequent years exceeding 300 (FY 2000-01 to present). The fifth annual Family Forum will occur in 2005.
- Co-sponsored the first statewide Recovery Conference with the Arizona Chapter of the International Association of Psychosocial Rehabilitation Services (AzPSRS) (FY 2000-01).
- Hired a Health Promotion Specialist and initiated community planning groups for health promotion activities (FY 2000-01 to present).
- Sponsored a two-day forum on addiction and recovery by William Cope Moyers entitled, *A Great Awakening: A Community Discussion* (FY 2001-02).

GSA 3/GSA 5

- Co-sponsored by the Long Rangers, in cooperation with Southern Arizona Recovery Task Force, the first *Celebration of Recovery* event provided an opportunity for over 190 participants to share stories of recovery and their personal journeys (FY 2002-03 to present).

Cultural Competency

- Researched and developed a seven-part training series for clinical staff on the specific mental health needs of the birth-to-four population (FY 1997-98).
- Co-sponsored a one-day workshop, *Growing Older: Behavioral Health Concerns* which was teleconferenced to 20 sites throughout the state (FY 2000-01).
- Co-sponsored *Celebrating Diversity, Honoring Community: A Culture and Ethics Symposium*, an annual in-depth forum that brings together behavioral health recipients, their families, and providers to learn more about culture and ethics (FY 2001-02 to present).
- Provided several training opportunities for family members including training for Child and Family Teams, a Leadership Academy, a conference on family involvement and cultural competence, and inclusion in Family-Centered Practice (FY 2001-02 to present).
- Added “culturally rich resource agencies” as providers (FY 2003-04 to present).
- Translated portions of the CPSA Web site into Spanish, with plans to have full replication of the site in Spanish by the end of the fiscal year (FY 2004-05 to present).
- Added a Cultural Diversity Specialist to CPSA staff (FY 2003-04 to present).
- Completed CPSA *Cultural Proficiency Strategic Plan* (FY 2003-04 to present).

SUMMARY

Over the past nine and one-half years, CPSA has been guided by and adhered to its Mission Statement, Values and Guiding Principles. Looking back over that time period, CPSA is proud of its accomplishments and progress toward fulfillment of its original organizational goals and purpose. As the year 2005 approaches, CPSA reaffirms its commitment to the continued provision of accessible, high-quality, member and family driven, recovery oriented, culturally sensitive behavioral health services in Pima, Cochise, Graham, Greenlee and Santa Cruz counties.

GSA 3/GSA 5

1-f. Organizational Charts

Organizational charts reflecting positions down to the supervisory level, indicating the number of full-time equivalents (FTEs) by functional area are provided. Given that position titles for Key Personnel and Staff Requirements (as stated in Special Terms and Conditions, Paragraph C.1) in some instances do not correspond with CPSA position titles for individuals filling those positions/requirements, a crosswalk is provided for purposes of clarification. The following tables and figures are included:

- Table 1-f.1 Crosswalk for HP532003 and CPSA Position Titles
- Figure 1-f.1 Executive Management Team/Management Team
- Figure 1-f.2 Organizational Placement of HP532003 Required Positions/Functions
- Table 1-f.2 FY2006 Full-Time Equivalents by Departments and Functional Areas
- Figure 1-f.3 FY2006 Full-Time Equivalents by Departments and Functional Areas
- Figure 1-f.4 Key Functions by Departments

1

Table 1-f.1 CROSSWALK FOR HP532003 AND CPSA POSITION TITLES		
<u>HP532003 POSITION TITLE</u>	<u>CPSA POSITION TITLE</u>	<u>STAFF</u>
Key Personnel		
Chief Executive Officer	Chief Executive Officer	Neal Cash
Chief Medical Officer	Chief Medical Officer	Ed Gentile
Chief Financial Officer	Chief Financial Officer & Director of Business Operations	Charlie Andrade
	Deputy Director/Chief Operating Officer	Judy Johnson
Staff Requirements		
Clinical Operations Administrator	Director, Clinical Operations	Miriam Kile
Children's Medical Administrator	Associate Medical Director	Sandy Stein
Child Welfare Expert	Children's Services Specialist	Maria Richards
Cultural Expert	Cultural Diversity Specialist	Victor Flores
Training Administrator	Training Manager	Cyndi Deines
Pharmacy Administrator	Pharmacy Services Manager	William Schoenberg
Quality Management Administrator	Director, Performance Improvement & Quality Management	Noel Gonzalez
Utilization Review Administrator	Utilization Review Supervisor	Randy Claxton
Customer Services Administrator	Member Services Manager	Dina Rosengarten
Provider Services Administrator	Network Development Manager	Vanessa Seaney
Information Systems Administrator	Chief Information Officer	Les Elmore
Claims/Encounters Administrator	Claims Manager	Shirley Moody
Grievance and Appeals Administrator	Grievance and Appeals Supervisor	To be hired
Corporate Compliance Officer	Corporate Compliance Coordinator	Mer Otis
COOL Program Administrator	Criminal Justice Supervisor	Rich Wilson
AHCCCS Eligibility Liaison	Provider Support Manager	Cherie Ryerson
Arizona State Hospital Liaison	Member Services Specialist	Patty Soto
Human Rights Liaison	Director, Performance Improvement and Quality Management	Noel Gonzalez
Interagency Liaison	Children's Network Manager	Cindy Greer
Health Plan Liaison	Member Services Supervisor	Frank McGinty
Emergency Response Liaison	Chief Financial Officer & Director of Business Operations	Charlie Andrade
Policy Liaison	Legal Counsel	Suzanne Hodges

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Figure 1-f.1 Executive Management Team/Management Team

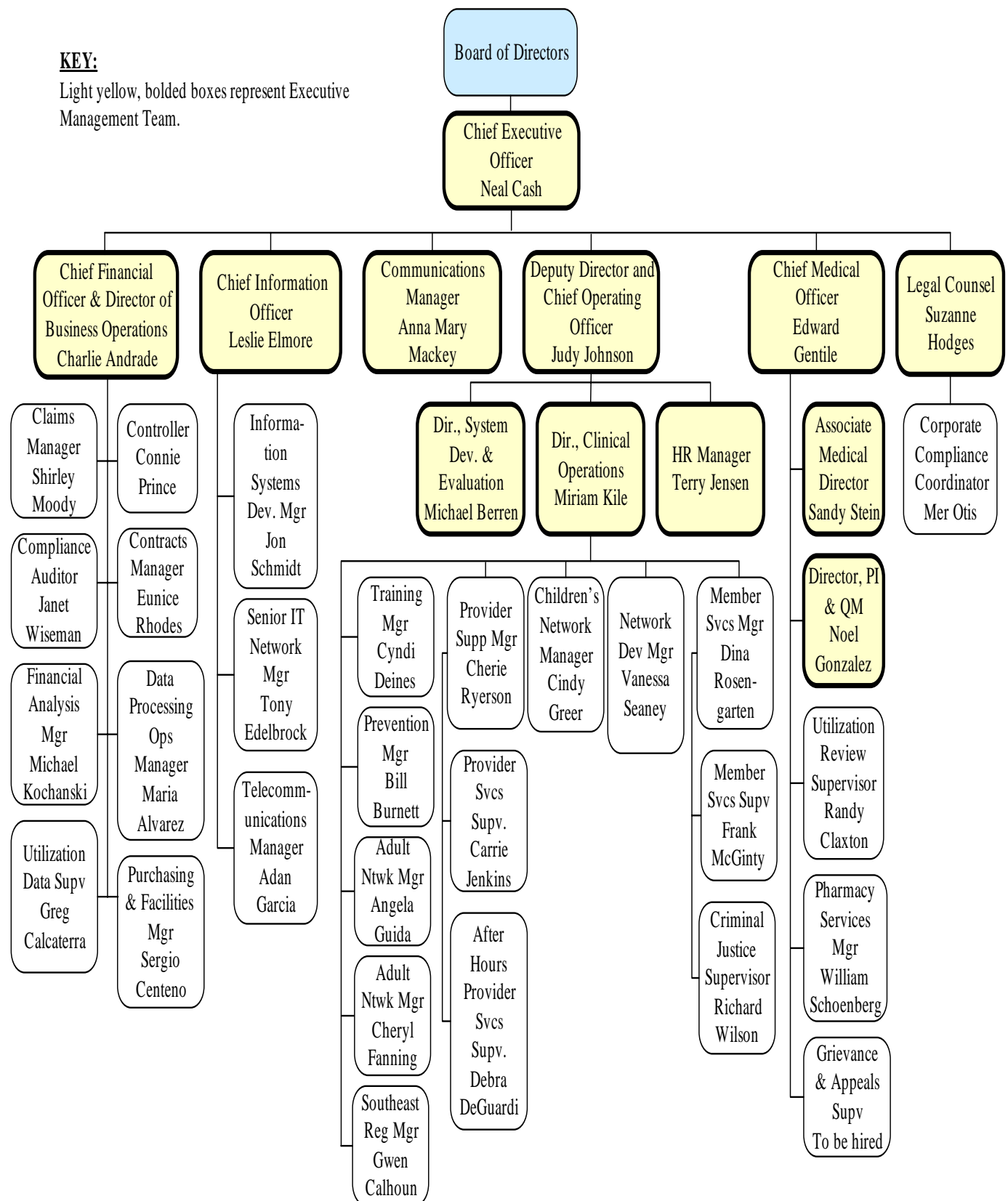


Figure 1-f.2 Organizational Placement of HP532003 Required Positions/Functions

KEY:

Solicitation No. HP532003 Position

Titles in blue ink and italicized

Light yellow, bolded boxes represent

Executive Management Team

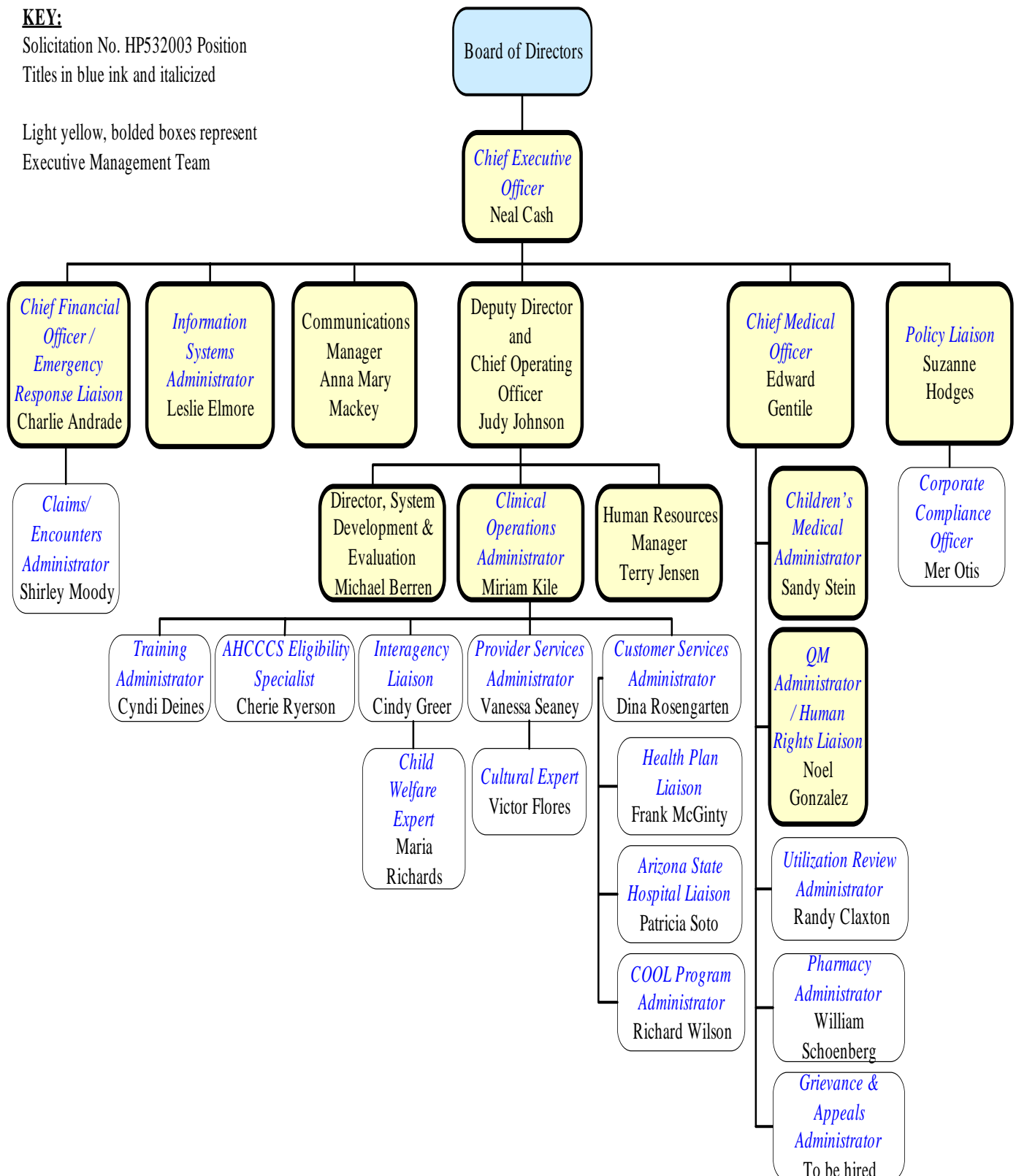


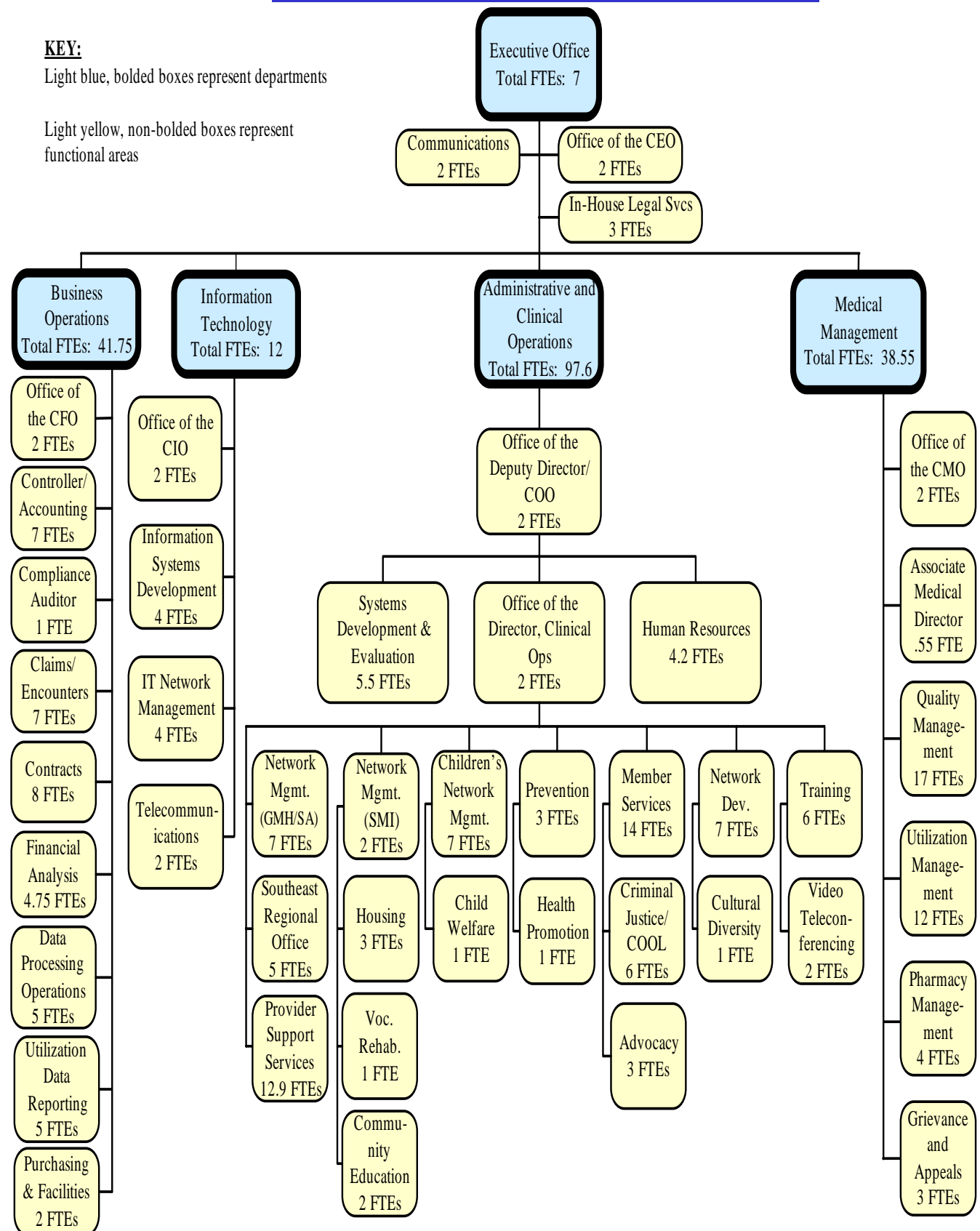
Table 1-f.2 FY 2006 Full-Time Equivalents by Departments and Functional Areas			
Department	Functional Area	FTEs for Functional Area	FTEs for Department
Executive Office	Office of the CEO	2	
	Office of the Legal Counsel	2	
	Corporate Compliance	1	
	Communications	2	
	Total		7
Business Operations	Office of the CFO	2	
	Controller/Accounting	7	
	Compliance Auditor	1	
	Claims/Encounters	7	
	Contracts	8	
	Financial Analysis	4.75	
	Data Processing Operations	5	
	Utilization Data Reporting	5	
	Purchasing and Facilities	2	
	Total		41.75
Information Technology	Office of the CIO	2	
	Information Systems Development	4	
	IT Network Management	4	
	Telecommunications	2	
	Total		12
Medical Management	Office of the Chief Medical Officer	2	
	Associate Medical Director	.55	
	Quality Management	17	
	Utilization Management	12	
	Pharmacy Management	4	
	Grievance and Appeals	3	
	Total		38.55
Administrative and Clinical Operations	Office of the Deputy Director/COO	2	
	Human Resources	4.2	
	System Development & Evaluation	5.5	
	Office of the Director, Clinical Operations	2	
	Southeast Regional Office	5	
	Network Management (GMH/SA)	7	
	Network Management (SMI)	2	
	➤ Housing	3	
	➤ Vocational Rehabilitation	1	
	➤ Community Education	2	
	Children's Network Management	7	
	➤ Child Welfare	1	
	Prevention	3	
	➤ Health Promotion	1	
	Member Services	14	
	➤ Criminal Justice/COOL	6	
	➤ Advocacy	3	
	Provider Support Services	12.9	

GSA 3/GSA 5

Table 1-f.2 FY 2006 Full-Time Equivalents by Departments and Functional Areas			
Department	Functional Area	FTEs for Functional Area	FTEs for Department
	Network Development	7	
	➤ Cultural Diversity	1	
	Training	6	
	➤ Video Teleconferencing	2	
	Total		97.6
	Agency Total		196.9

1
2

Figure 1-f.3 FY 2006 Full-Time Equivalents by Departments and Functional Areas

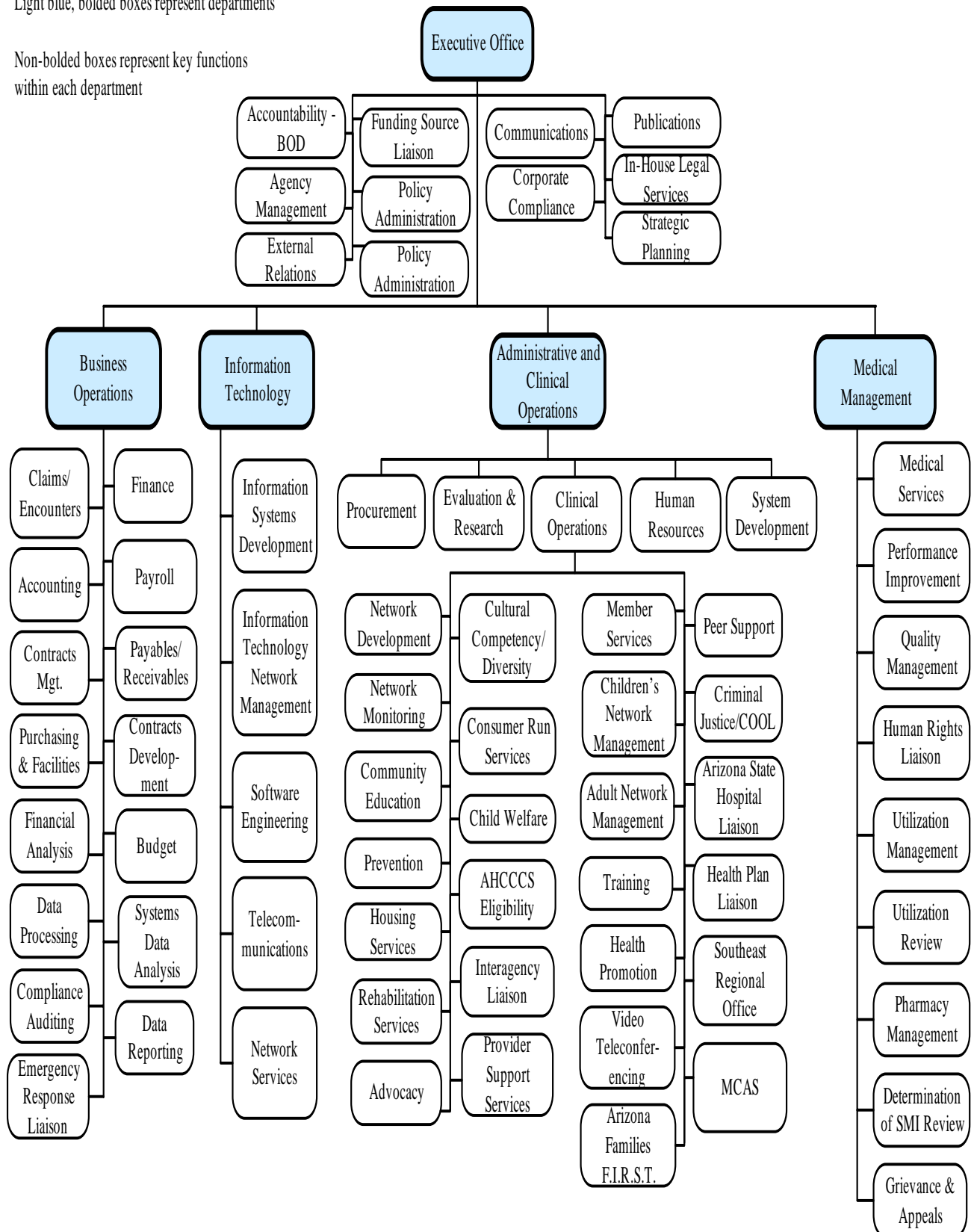


KEY:

Light blue, bolded boxes represent departments

Non-bolded boxes represent key functions within each department

Figure 1-f.4 Key Functions by Departments



GSA 3/GSA 5

1-g. Organizational Structure

As indicated throughout this proposal, CPSA has organized a managed care behavioral health service delivery system in GSA 3 and GSA 5 which is based on the Arizona System Principles, Arizona Vision and Principles, Principles for Persons with Serious Mental Illness and its own mission, vision and guiding principles (see response to 1-e, Experience, Knowledge and Philosophy). The corporate and administrative structures created by CPSA as described below, are sufficient in size and scope to support all responsibilities, requirements and activities outlined in this solicitation.

CORPORATE STRUCTURE

The Community Partnership of Southern Arizona (CPSA) is a community-based, nonprofit 501(c) (3) corporation. The Bylaws of CPSA call for a governing Board of Directors consisting of 15 directors who are elected by and represent three members: 1) Southeastern Arizona Behavioral Health Services; 2) the Behavioral Health Coalition; and, 3) Banner Health System/TMC Healthcare. Banner Health System and TMC Healthcare share one membership that was originally allocated to Arizona Physicians IPA, Inc. (APIPA) when CPSA was founded in 1995.

CPSA Board Directors are appointed to three-year terms by the members of the corporation. To ensure a balanced, knowledgeable and representative Board, the CPSA Bylaws require that the Board composition include at least two consumer representatives, two family representatives and one business representative who has current or past employment in finance or accounting. Five of the current 14 directors reside in GSA 3.

Among other responsibilities, the Board of Directors establishes the mission, vision, values and guiding principles that govern the overall operation of CPSA and selects the Chief Executive Officer. Based on community and member input, and following a detailed strategic planning process, the Board adopts a Strategic Plan that establishes CPSA's annual goals, objectives and strategies. The Board establishes policy and relies upon its balanced, community-oriented composition to reach decisions that further the best interests of all stakeholders in the behavioral health community in both GSA 3 and GSA 5.

OFFICE LOCATIONS

CPSA's corporate offices are located at 4575 E. Broadway Blvd., in Tucson (GSA 5). However, the Board of Directors and staff at CPSA are responsible for Regional Behavioral Health Authority (RBHA) functions and activities that occur in both GSA 3 and GSA 5. CPSA opened a Southeast Regional Office (SERO) in GSA 3 in the summer of 2000. That office is centrally located within the four-county area at 999 E. Fry Blvd., in Sierra Vista, GSA 3's largest community. CPSA also has two other office sites in metropolitan Tucson. Member and Provider Support Services are located at 4733 E. Broadway Blvd., and Network Management, Network Development and Training staff are located at Plaza Arboleda, 2502 N. Dodge Blvd.

ADMINISTRATIVE STRUCTURE

CPSA's administrative structure is designed so that lines of authority and responsibility are clearly identified, and ease of communication and coordination is facilitated. The structure considers the diverse management needs of a sound managed behavioral healthcare organization and the many regulatory and contract requirements that are placed on the RBHA.

As shown in the response to 1-f, Organizational Charts, Table 1-f.2, and Figure 1-f.3, the administrative structure of CPSA includes five major departments:

- Executive Office
- Business Operations
- Information Technology
- Medical Management
- Administrative and Clinical Operations

Key functional areas within each department are also shown in response to 1-f, specifically in Table 1-f.2 and Figure 1-f.3. Included below is a brief description of the major responsibilities within each department. A more detailed presentation of key functions and responsibilities within each department is presented in Figure 1-f.4. Please note that all of the functional and personnel requirements outlined in this solicitation are accounted for in the CPSA organizational structure presented in Figure 1-f.4 and other organizational charts presented in the response to 1-f (specifically Figure 1-f.1 and 1-f.2).

GSA 3/GSA 5

Executive Office

The Executive Office includes: the Office of the Chief Executive Officer (CEO); Office of the Legal Counsel, which includes Corporate Compliance; and, Communications.

Within the Executive Office, the CEO is responsible for the overall operation of CPSA in accordance with the philosophy, policies and guidelines set forth by the Board of Directors. Major responsibilities include, but are not limited to, administering policy as established by the Board of Directors; coordination of strategic planning activities; and interpretation of the organization's philosophy and services to key stakeholders. The CEO provides leadership and direction in the administration of CPSA's service delivery system and serves as a liaison between CPSA and its funding sources, ensuring compliance with regulations and rules of funding sources and licensing bodies.

The CPSA Legal Counsel ensures that legal analysis and consultation are available to CPSA staff so that legal ramifications of all organizational activities are taken into account, risks are minimized and potential liabilities are avoided. The Legal Counsel also provides direct legal representation and/or coordinates outside legal representation in administrative and civil actions.

The Corporate Compliance Coordinator is responsible for the development and implementation of CPSA's Corporate Compliance Program through training, monitoring, evaluation and investigation activities to ensure CPSA and provider compliance in the areas of organizational ethics, fraud and abuse, information privacy, and adherence to relevant state and federal law associated with those areas.

The Communication Manager's responsibilities include providing consultative services, technical guidance and administrative expertise to CPSA staff members in the design and development of communication pieces, including brochures, flyers, handbooks, articles in trade and professional journals, and other documents that represent CPSA. The Communication Manager also provides assistance with event planning and implementation as well as public education and advocacy efforts in collaboration with CPSA staff members, providers and others.

Business Operations

The Business Operations Department is supervised by the Chief Financial Officer and Director of Business Operations (CFO/DBO). The CFO/DBO is responsible for the administration of all funds provided to CPSA and oversight of the formulation of annual budgets, contracted rates and other financial information, as well as the development and review of the agency's financial information system. In addition, the CFO/DBO manages all of the business support functions of the corporation which include: accounting; compliance auditing; claims/encounters; contracts development and management; financial analysis; data processing operations; utilization data reporting; and purchasing and facilities management. Additional key functions carried out in the Business Operations Department are shown in Figure 1-f.4. Given that the identification of these functions is straightforward and self-explanatory, further description of responsibilities within the Business Operations area will not be included here.

Information Technology

The Information Technology (IT) Department is supervised by the Chief Information Officer (CIO) who is responsible for providing management and leadership in the design, implementation and maintenance of all of CPSA's information and telecommunications systems. The IT Department is divided into three functional areas: IT Network Management, Information Systems (IS) Development and Telecommunications.

The IT Network Management area manages a complex network of 28 servers and over 200 desktop and laptop devices at four locations. IT Network Management is responsible for all server and desktop applications, connectivity devices, software licensing, help desk, and security of the CPSA computer network.

The Information Systems (IS) Development area is responsible for all in-house systems development and systems integration functions. IS Development maintains over 40 internally and externally developed database systems for collecting and reporting various data to internal and external agencies. Responsibilities include, but are not limited to, maintenance of the data warehouse, systems planning, design, implementation, integration, maintenance, data conversion, Web development and maintenance, and database administration.

The Telecommunications area supports and manages CPSA's Voice over IP (VoIP) phone system, cell phone contracts, Cisco Call Accounting, Cisco IP Contact Center® (IPCC) for call distribution, Unity® voice mail, wide area network (WAN) communication lines, and video conferencing equipment.

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Medical Management

The Medical Management Department includes: the Office of the Chief Medical Officer (CMO); Associate Medical Director; Quality Management; Utilization Management; Pharmacy Management; and, the Office of Grievance and Appeals.

In addition to providing psychiatric oversight and supervision of all of the functional areas noted above, the CMO participates in the development and oversight of the Provider Network, and interfaces with provider and health plan Medical Directors, health plan primary care physicians, as well as other staff psychiatrists in the system of care. The CMO works closely with Clinical Operations staff to identify level of care criteria, standards of practice and standards of psychiatric supervision for each program.

The Associate Medical Director provides psychiatric oversight of behavioral health programs for children and adolescents. Other responsibilities include but are not limited to, participating in Performance Improvement and Quality Management activities, assisting CPSA in strengthening collaboration with state agencies and other key stakeholders, and, in conjunction with the CMO, working with CPSA and provider staff in the development and implementation of best practices.

Quality Management, under the supervision of the Director, Performance Improvement and Quality Management (PI/QM), is responsible for developing, implementing, directing, and coordinating CPSA's Performance Improvement and Quality Management activities in order to monitor, evaluate and improve quality of behavioral health services. The PI/QM area ensures that the key managerial, clinical and support activities and processes, both within CPSA and at the provider level, are addressed to improve the quality of care and services provided to members.

The Utilization Management (UM) unit is responsible for implementing utilization management and review activities in order to monitor, evaluate and improve the utilization of behavioral health services as required by state and federal regulations. The UM unit ensures that the key service utilization activities and processes, both at CPSA and within the Provider Network, are addressed in order to improve service utilization, with an emphasis on those issues that have the most significant impact on the effective and efficient utilization of available resources.

Pharmacy Management, under the supervision and direction of the Pharmacy Services Manager, is responsible for planning, establishing, and directing the overall policies and goals for CPSA's pharmacy related services including management of pharmacy benefits for members, the participating pharmacy network, and business agreements with pharmaceutical manufacturers. The Pharmacy Services Manager maintains contact with Provider Network Medical Directors, medical staff and nursing staff to determine needs, resolve problems, improve processes and promote clinical best practices for cost-effective psychopharmacology.

Responsibility for all Grievance and Appeals functions resides within the CPSA Office of Grievance and Appeals (OGA). The Grievance and Appeals Supervisor has overall responsibility for the operation and supervision of the OGA. This position oversees the development and implementation of all processes necessary to ensure the appropriate and timely processing of all appeals, grievances and provider claims disputes, including requests for Fair Hearings. The CPSA OGA develops and provides ongoing training for provider and internal CPSA staff on members' rights to file complaints, appeals and grievances. The CPSA OGA also coordinates ongoing trainings for members, legal guardians, family members and community stakeholders on member rights, including the right to file and the process to use when filing complaints, grievances and appeals. OGA personnel are readily available to provide individual, personal assistance to members, family members and other concerned persons in understanding and utilizing the complaint, appeal and grievance processes.

Administrative and Clinical Operations

As indicated in the response to 1-f, Table 1-f.2, the Administrative and Clinical Operations Department includes almost 50 percent of CPSA staff. The Administrative and Clinical Operations Department includes: the Office of the Deputy Director/Chief Operating Officer; Human Resources; System Development and Evaluation; and, Clinical Operations.

The Deputy Director/Chief Operating Officer (DD/COO) oversees the day-to-day operations of CPSA and has overall responsibility for management of the agency in the absence of the CEO. In a supervisory capacity, the DD/COO provides consultation, technical assistance and administrative expertise to the Directors in the Administrative and Clinical Operations Department in the design, development and implementation of a managed behavioral health care organization and delivery system.

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Human Resources, under the supervision of the Human Resources Manager, is responsible for the planning, development and implementation of human resources policies and resources within CPSA. Human Resources assures compliance with affirmative action goals as well as compliance with all federal and state regulations that pertain to human resources management, compensation, and benefits administration. The Human Resources Manager works closely with Human Resources staff at the provider level to address recruitment and retention issues.

System Development and Evaluation is responsible for overall planning and evaluation activities for CPSA. Under the supervision of the Director, System Development and Evaluation, the unit identifies all planning requirements and assumes leadership for guiding all CPSA evaluation, research and planning activities, including community needs assessments, and the strategic planning process. In addition, the unit also prepares demographic analyses and geoaccess data for both GSAs and coordinates the preparation of the *CPSA Annual Provider Network Development and Management Plan*.

Clinical Operations staff, under the leadership of the Director, Clinical Operations, and in collaboration with staff from other functional areas and departments within CPSA, is responsible for the development and management of the Provider Network. Through the Network Design and Improvement Committee (NDIC), Clinical Operations staff is responsible for assessing the sufficiency of the Provider Network in terms of size, scope and types of providers to meet the behavioral health needs of members and families. Further responsibilities include evaluation of anticipated changes in enrollment, utilization, cultural or treatment requirements for the behavioral health service delivery system.

As indicated in the response to 1-f, and in Figure 1-f.1, Clinical Operations is responsible for Network Development, Network Management, Member Services, Provider Support Services, Training and a wide range of network and clinical functions and activities. As also shown in the response to 1-f, Table 1-f.2, the Clinical Operations component includes almost 44 percent of CPSA staff. Table 1-f.2 also illustrates the diversity of functions that are included in this area. A more detailed listing of key functions within Clinical Operations is contained in Figure 1-f.4.

CPSA's philosophic approach to Network Development and Network Management is implemented through the process of identification, selection and management of a comprehensive and competent network of providers. The Network Development and Network Management philosophy is based on the premise that all mandated and appropriate behavioral health treatment, rehabilitation and support services will be individual and family centered, high quality, provided in a culturally competent manner in the least restrictive environment, accessible to all populations and sensitive to member choice.

The Network Development component, under the supervision of the Network Development Manager, identifies populations to be served, utilizes data resources for system planning and establishes the strategies for service delivery. CPSA's Cultural Diversity Specialist reports to the Network Development Manager and is responsible for developing an annual *Cultural Proficiency Strategic Plan*.

The Network Management unit includes the Southeast Regional Office in Sierra Vista; Adult Network Management, Children's Network Management, and Prevention. Each of these components is supervised by a Manager. The Southeast Regional Manager is based in Sierra Vista and oversees the Southeast Regional Office and all aspects of service-related activity in GSA 3. There are two Adult Network Managers. One focuses on general mental health, substance use and crisis services, and the other focuses on services for persons with serious mental illness (SMI). The Adult Network Manager for the latter area is responsible for Vocational Rehabilitation, Housing and Community Education programs and services. In addition to other more generic responsibilities, the Children's Network Manager's responsibilities include coordination with state agencies, and the Prevention Manager is responsible for oversight of Health Promotion activities.

Member Services, under the supervision of the Member Services Manager, is the point of contact for members and their families, non-members, state agencies and the community. Member Services is available through a toll free 800 number 24 hours a day, 365 days a year. The role of Member Services is to ensure that all referrals, complaints, concerns and questions are handled in a customer-friendly, timely and comprehensive manner.

Provider Support Services, under the supervision of the Provider Support Manager, extracts member enrollment and eligibility information to respond to provider phone calls. Staff within the Provider Support Services area performs daily data entry into the computer database related to enrollment, intake, eligibility, closure, transfer and change of status. Provider Support Services staff works closely with Member Services staff in a "back-up" capacity.

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1 Under the supervision and direction of the Training Manager, CPSA's Training component develops, coordinates and
2 provides a training and technical assistance program for CPSA staff, behavioral health service providers, members and
3 their families, and other stakeholders in the community. Video conferencing and other technologies are used in
4 conjunction with classroom-based sessions in a "blended" training approach to maximize resources and learning
5 potential.

6 COMMUNICATION AND COORDINATION

7 The administrative structure of CPSA is designed to facilitate communication and collaboration among staff at all levels
8 within the organization. Although staff members are located in four separate office locations (three in Tucson and one in
9 Sierra Vista), from a technological perspective, the offices function as part of a centralized, "single system". For
10 example, staff at any location can communicate by telephone with any other staff member simply by dialing a four-digit
11 extension number. Similarly, all CPSA staff have computers which are connected by private wide area network (WAN)
12 links which provide fast and secure communications including e-mail, intranet, internet, file transmissions and all other
13 data communications. Additionally, all four CPSA office locations have video conferencing capability, which allows
14 staff an efficient way to participate in meetings, trainings, etc. without the need for additional time allocated for travel.

15 In addition to individual supervisory meetings, all CPSA Directors, Managers and Supervisors have regular meetings
16 with staff members in their respective departments or functional areas. Most of these meetings occur on a weekly or bi-
17 weekly basis. In addition, Department Directors have regular meetings with their direct reports. For example, the
18 Director, Clinical Operations meets weekly with all of the Managers reporting to her. The Southeast Regional Manager,
19 based in Sierra Vista, may participate in this meeting via video conferencing.

20 At the Executive Management level, the CEO chairs the Executive Management Team (EMT) which meets weekly.
21 EMT minutes are published on the common shared (S:) drive where they may be read by all CPSA staff. Additionally,
22 General Staff meetings are held monthly, with all four CPSA office locations connected via video conferencing.
23 These meetings are hosted by the CEO and Deputy Director/COO. A typical agenda for the General Staff meeting
24 includes: introduction of new staff, an update from the CEO with opportunity for questions, a brief topical presentation
25 from a CPSA department or functional area, and announcements.

26 Additional detailed information on internal communications within CPSA is contained in the response to 1-k,
27 Communication with Personnel and Providers. Table 1-k.1 provides a list of internal and external meetings in which
28 CPSA staff members participate. This list illustrates the number and diversity of communication venues which are
29 available on an ongoing basis.

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1-h. Resumes and Job Descriptions

Resumes for CPSA staff filling the required positions or performing the required functions outlined in this solicitation are included on the following pages. As indicated in Table 1-h.1, at the time this solicitation response is being submitted, only one of the required positions/functions (Grievance and Appeals Administrator) remains unfilled. A job description for that position specifying minimum qualifications is included.

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Table 1-h.1 Listing of CPSA Staff Filling Required Personnel Positions and Functions		
HP532003 Required Positions and Functions	CPSA Staff	Resume/Job Description (See Attached)
Key Personnel		
1) Chief Executive Officer	Neal Cash, M.S.	Resume
2) Chief Medical Officer	Edward Gentile, D.O.	Resume
3) Chief Financial Officer	Charles Andrade, B.S.	Resume
4) Deputy Director/Chief Operating Officer	Judy Johnson, Ph.D.	Resume
Staff Requirements		
1) Clinical Operations Administrator	Miriam Kile, R.N., M.S.	Resume
2) Children's Medical Administrator	Sandy Stein, M.D.	Resume
3) Child Welfare Expert	Maria Richards, M.S.W.	Resume
4) Cultural Expert	Victor Flores, M.C.	Resume
5) Training Administrator	Cyndi Deines, M.S.	Resume
6) Pharmacy Administrator	William Schoenberg, R. Ph.	Resume
7) Quality Management Administrator	Noel Gonzalez, Ph.D.	Resume
8) Utilization Review Administrator	Randy Claxton, M.S.W.	Resume
9) Customer Services Administrator	Dina Rosengarten, M.S.W.	Resume
10) Provider Services Administrator	Vanessa Seane, M.S.W.	Resume
11) Information Systems Administrator	Leslie Elmore, M.S.	Resume
12) Claims/Encounters Administrator	Shirley Moody	Resume
13) Grievance and Appeals Administrator	To be hired	Job Description
14) Corporate Compliance Officer	Mer Otis, JD	Resume
15) COOL Program Administrator	Richard Wilson, B.S.	Resume
16) AHCCCS Eligibility Liaison	Cherie Ryerson, M.S.W.	Resume
17) Arizona State Hospital Liaison	Patricia Soto, M.S.W.	Resume
18) Human Rights Liaison	Noel Gonzalez, Ph.D.	Resume
19) Interagency Liaison	Cindy Greer, M.S.W.	Resume
20) Health Plan Liaison	Frank McGinty, M.S.W.	Resume
21) Emergency Response Liaison	Charles Andrade, B.S.	Resume
22) Policy Liaison	Suzanne Hodges, JD	Resume

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NEAL J. CASH, M.S.
CHIEF EXECUTIVE OFFICER
(Chief Executive Officer)

SUMMARY OF QUALIFICATIONS

Twenty-eight years experience in the delivery of public sector behavioral health services in Pima County, fourteen years of intense involvement with local, state and national professional organizations in various capacities; e.g., as a member, a chairman or a president. Fourteen years experience in professional activities on a local, state and national level as a participant, a panelist, a presenter and ten years experience providing consultative services to entities in California, Oregon, New York, Michigan, New Mexico, Florida, Texas, Ohio, and Washington, D.C. As CEO for the current RBHA for Pima County and the four southeastern Arizona counties, has ultimate responsibility to oversee the management of and adherence to contractual requirements set forth in the Arizona Department of Health Services contract.

EDUCATION

1985 – Post-graduate work in Rehabilitation Administration, University of Arizona, Tucson, Arizona
1974 – M.S., Rehabilitation Counseling, University of Arizona, Tucson, Arizona
1972 – B.S., Psychology, Syracuse University, Syracuse, New York

PROFESSIONAL EXPERIENCE**Chief Executive Officer, CPSA, Tucson, AZ 1999 – Present**

Responsible for programmatic and fiscal management of all activities and operations with a staff of 150 and an annual budget of \$190 million. Community Partnership of Southern Arizona (CPSA) is a private, nonprofit managed care organization providing mental health and substance abuse services for adults, children and families.

Chief Executive Officer, CODAC Behavioral Health Services, Tucson, AZ 1987 – 1999

CEO of comprehensive managed behavioral health agency. Responsible for programmatic and fiscal management of all activities and operations of a multi-component organization with a staff of 200 and an annual budget of \$12 million.

Director of Substance Abuse and Rural Services, La Frontera Center Inc., Tucson, AZ 1984 – 1986

Responsible for administrative and clinical direction of multi-modality substance abuse and rural services programs within a large comprehensive community mental health center. Administered total program budget in excess of \$1.2 million with staff of forty persons. Responsibilities included writing proposals and grant applications, developing and monitoring budgets, public relations, community involvement, and program advocacy.

Clinical Supervisor, La Frontera Center Inc., Tucson, AZ 1979 – 1984

Clinical supervision of substance abuse outpatient clinic and residential facility. Provided direct clinical supervision to staff and clients. Developed and implemented innovative programming to underserved populations, including women and minorities. Responsible for orientation of program staff and ongoing training. Provided limited direct clinical services to clients and families.

Substance Abuse Therapist, La Frontera Center Inc., Tucson, AZ 1976 – 1979

Provided assessment, diagnostic evaluation, crisis intervention, case management and therapeutic services for individuals, families and groups with substance abuse problems. Also provided community-oriented consultation and education services; participated as presenter and recipient in various workshops and training programs.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2004 – Member, Joint Legislative Study Committee on Regional Alcohol Detoxification Centers
- 2004 – Member, Resources for Recovery Policy Forum Advisory Committee
- 2004 – Member, Arizona Drug and Gang Policy Council
- 2003 to Present – Member, Pima County Juvenile Court Center Community Advisory Board
- 2002 to Present – Member, Children's Intergovernmental Agreement Executive Committee
- 2002 to Present – Member, National Center for Mental Health and Juvenile Justice CSCI Strategic Planning Workgroup
- 2002 to 2004 – Advisory Board Member, Arizona Practice Improvement Collaborative (AzPIC)

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- 2002 – Member, Arizona Behavioral Health and Aging Coalition Advocacy Committee
- 2002 – Member, Pacific Southwest Addiction Technology Transfer Center (PSATTC) Regional Steering Committee
- 2001 to 2003 – Member, Pima County/City of Tucson Commission on Addiction Prevention and Treatment
- 2001 – Member, Arizona Health Care Cost Containment System (AHCCCS) Integration of Care Policy Guidelines Subcommittee
- 2000 – Member, University of Arizona’s Community Advisory Board for the Center for Applied Sociology
- 1998 to 2004 – Former President and current Board member, Arizona Council for Human Service Providers

Information regarding professional organizations prior to 1998 is not included due to page limitations, but available upon request.

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- 2004 – Cash, N. 2004. Made in Arizona: A Public Sector, Full-Risk Behavioral Health System that Works. *Behavioral Healthcare Tomorrow* 13:38-41.
- 2004 – Opioid Treatment in the 21st Century: From Barriers to Breakthroughs; Panelist Issues and Strategies for Strengthening Opioid Dependency Treatment in Arizona, Tucson Arizona
- 2004 – Governor’s Mental Health Planning Council, “Regional Perspective” Santa Fe, New Mexico
- 2003 – Case Studies of Agency Participation in Provider Sponsored Networks: FADAA “Managed Care Organizations and Provider Networks: Challenges and Opportunities”, Tampa, Florida
- 2003 – El Puente Scottsdale Prevention Institute Behavioral Healthcare Perspective Presentation on “State of Latinos in Arizona”, Scottsdale, Arizona
- 2003 – 16th Annual Cape Cod Symposium on Addictive Disorders Presentation, “Integration Between Alcohol and Other Drugs and Mental Health and Primary Care” Hyannis Port, Mass.
- 2003 – Resources for Recovery Purchasing Institute, CHCS Purchasing Institute for Resources for Recovery; State Practices that Expand Treatment Opportunities, Scottsdale, Arizona
- 2003 – CSAT: Panel on Improving and Strengthening Treatment Systems - Washington, D.C.
- 2002 – National Council for Community Behavioral Healthcare publication, “Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders”, writer and special expert panel facilitator.
- 2002 – National Practice Improvement Collaborative/Addiction Technology Transfer Center Network Meeting on Workforce Development – Washington, D.C.
- 2001 – Arizona Practice Improvement Collaborative (AzPIC) Summer Institute – Plenary
- 2001 – CSAT National Leadership Institute (NLI) Expert Panel - Washington, D.C.
- 2001 – Substance Abuse Mental Health Services Administration (SAMHSA) Co-Occurring Disorders Project – Washington, D.C.
- 2000 – Michigan Association of Community Health Boards Plenary – “Developing a Board from Governance to Daily Mechanics - Lansing, Michigan
- 2000 – Consumer Advisory Board presentation “Integration of Mental Health, Substance Abuse System Recovery Around the State” – Phoenix, Arizona

Information regarding professional activities prior to 2000 is not included due to page limitations, but available upon request.

EDWARD M. GENTILE, D.O.
CHIEF MEDICAL OFFICER
(Chief Medical Officer)

SUMMARY OF QUALIFICATIONS

Board certified in Psychiatry and an Arizona licensed physician. Licensed physician since 1979 with over 20 years of experience in psychiatry and public and private sector behavioral health. Served in a variety of capacities to date, including Medical Director of a rural health clinic in West Virginia while serving in the National Health Service Corps. As a psychiatric resident, chief resident in geriatric psychiatry at the Philadelphia Geriatric Society. Administrative experience spans the duration of practice years in psychiatry, beginning with an academic appointment and management of a capitated mental health contract at the Philadelphia College of Osteopathic Medicine. Other administrative experience includes directorship positions in a private psychiatric hospital and twelve years as a RBHA Medical Director. Currently serves as an ex-officio member of the Arizona State Hospital Governing body. At CPSA, actively involved in all major clinical programs, quality and utilization management and consults with system Medical Directors to ensure timely medical decisions.

EDUCATION

2000 – M.B.A., Business Administration, University of Arizona, Tucson, Arizona
1982-1985 – Residency in Psychiatry, Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric, Philadelphia, Pennsylvania
1981-1982 – Residency in Pathology, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
1978-1979 – Internship, Cherry Hill Medical Center, Cherry Hill, New Jersey
1978 – D.O., Osteopathy, Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania
1974 – B.A., Providence College, Providence, Rhode Island

PROFESSIONAL EXPERIENCE

Chief Medical Officer, CPSA, Tucson, AZ **September 2004 – Present**
Title change only. Duties remain as outlined below.

Medical Director, CPSA, Tucson, AZ **November 1996 – September 2004**
Duties include those listed below as well as oversight of clinical practice at the direct service level through oversight of Quality Management, Utilization Review, and Pharmacy Services. Provide consultation and assistance to Grievance and Appeals, chair the Quality Management Committee, participate in identifying service gaps and training needs, standards of care and supervision. Advise and participate in the resolution of grievances, appeals, and member complaints; assure psychiatric involvement in the development and approval of policies and Provider Manual entries specific to CPSA; review and approve applications for Medical Care Evaluation Studies as well as review all final outcomes; and actively interface with AHCCCS Health Plan Medical Directors and Behavioral Health Coordinators to improve coordination of care.

Private Practice, Psychiatry, Tucson, AZ **October 1987 – Present**

Medical Director for Adult Services, CPSA, Tucson, AZ **July 1995 – November 1996**
Duties included consultation and assistance to Quality Management and Utilization Management functional areas, oversight of pharmacy benefit management, coordination of area-wide workgroups on how to accommodate Arizona State Hospital downsizing, participation in the statewide RBHA Medical Directors' meetings, and implementation of ADHS/DBHS Service Planning Guidelines.

Medical Director, SEABHS, Benson, AZ **December 1992 – August 1995**
Duties of the Medical Director included oversight of the prior authorization process for medically necessary services, reviewed applications for services for the seriously mentally ill (SMI). Conducted the adult multidisciplinary team with the case management arm of SEABHS, attended the monthly statewide Medical Directors' meeting, worked to help renegotiate pharmacy contracts, performed peer review, and recruited physicians for rural mental health clinics.

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President of the Medical Staff, Sonora Desert Hospital , Tucson, AZ 1990 – 1991

Medical Director, Sonora Desert Hospital, Tucson, AZ March 1992 – May 1992

Clinical Director, Adult Services, Sonora Desert Hospital, Tucson, AZ March 1990 – March 1992

Clinical Director, Geriatric Services, Sonora Desert Hospital, Tucson, AZ October 1987 – March 1990

Assistant Professor of Psychiatry, Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania July 1985 – September 1987

Duties included medical student and house staff didactic and clinical teaching; supervision of students and house staff on clinical rotations; managed a capitated mental health contract with a local HMO; inpatient, consultation, and outpatient psychiatric practice. Served on the College Curriculum Committee, Wellness Committee and on the search committee for Psychiatry Department chairperson.

House Physician, Friends Hospital, Fort Washington, Pennsylvania 1983 – 1984

Medical Director, Wayne Health Services, Wayne, West Virginia July 1979 – July 1981

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1987 to Present – Licensure, Arizona Board of Osteopathic Physicians (#2368)
- 1979 to Present – Licensure, West Virginia Board of Osteopathic Examiners (# 701)
- 1987 to Present – Certification, American Board of Psychiatry and Neurology
- 1994 to Present – Certification, Examiner for the Part II Board Examination, Western Region, APA
- Arizona Psychiatric Society
- Arizona Osteopathic Medical Association
- Tucson Psychiatric Society
- American College of Medical Quality
- American College of Mental Health Administration

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- Pi, E.H., E.M. Gentile, and G.S. Simpson. 1985. Anti-Panic Effects and Plasma Tricyclic Antidepressant Level: A Preliminary Report. *Biologic Psychiatry* 509.
- Gentile, Edward M. and Michael R. Berren. 2002. Chapter 4: The Symptoms and Behaviors Associated with Serious Mental Illness, in Berren, Michael R. (ed). *A Sourcebook for Families Coping with Serious Mental Illness*. McMurphy Publishing, Inc.

CHARLES ANDRADE, B.S.
CHIEF FINANCIAL OFFICER AND EMERGENCY RESPONSE LIAISON
(Chief Financial Officer and Director of Business Operations)

SUMMARY OF QUALIFICATIONS

A total of 26 years in the accounting and financial field. Eleven years in a supervisory and second level management role and over five additional years in an executive role overseeing fiscal and related business operations with contractual funding totaling over \$743 million dollars. For over ten years, acted in an oversight capacity with regard to budget, accounting systems and financial operations management for two Regional Behavioral Health Authorities. Designated as point of contact regarding disaster response needs.

EDUCATION

1988 – B.S., Business Administration, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Chief Financial Officer/Director of Business Operations, CPSA, Tucson, AZ **October 2000 – Present**

Develop, implement and manage all financial, facilities, contracts, and provider claims operations for a \$743 million dollar managed behavioral health organization contracted with the State of Arizona, Department of Health Services to serve as the Regional Behavioral Health Authority for Pima and four Southeastern Arizona counties.

Controller, CPSA, Tucson, AZ **July 1995 – October 2000**

Supervised the fiscal and facilities operations for a \$360 million dollar managed behavioral health organization contracted with the State of Arizona, Department of Health Services to serve as the Regional Behavioral Health Authority for Pima and four Southeastern Arizona counties.

Chief Financial Officer, Arizona Center for Clinical Mgmt., Tucson, AZ **April 1993 – June 1995**

Developed, managed and administered the fiscal and business operations of the organization with a \$150 million dollar contract with the State of Arizona, Department of Health Services that served as the Regional Behavioral Health Authority for Pima County. Served as a member of the Executive Committee and as a member of the Board Finance Committee.

Finance Manager, Our Town Family Center, Tucson, AZ **October 1992 – April 1993**

Managed the agency's fiscal operations. Prepared the annual budget, financial and cash flow statements and monthly regulatory financial reports for a \$2 million dollar not-for-profit counseling agency. Supervised the installation of the computer network and accounting software. Presented monthly financial reports to the Board Finance Committee and Board of Directors. Served as a member of the Executive Management Committee.

Controller, Amity Inc., Tucson, AZ **December 1990 – October 1992**

Supervised the financial operations, budgeting, annual audit engagement and contract compliance for a \$9 million dollar residential and outpatient therapeutic substance abuse not-for-profit community agency. Served as a member of the Board Finance Committee.

Accounting Supervisor, VisionQuest National, Ltd., Tucson, AZ **March 1989 – March 1990**

Supervised the financial operations and financial reporting functions for the company with a staff of four. Coordinated and supervised the computer conversion to a fully integrated accounting system.

Financial Accountant, Great American Bank, Tucson, AZ **1984 – March 1989**

Financial Accountant for a real estate development subsidiary of Great American Bank. Performed financial analysis and prepared monthly financial statements for a total of forty joint ventures.

Accounting Supervisor, Great American Bank, Tucson, AZ **1981 – 1984**

Accounting Supervisor for the accounting operations and annual audit engagement for the bank. Served as a member of an in-house task force responsible for the implementation of a computer conversion. Bank assets totaled \$3 billion dollars.

Accountant, Great American Bank, Tucson, AZ **December 1978 – 1981**

Prepared monthly internal financial statements, assisted in the preparation of the annual budget, cash flow statement and quarterly external regulatory reports. Assisted in the coordination of the annual audit engagement.

JUDY C. JOHNSON, PH.D.
DEPUTY DIRECTOR/CHIEF OPERATING OFFICER
(Deputy Director/Chief Operating Officer)

SUMMARY OF QUALIFICATIONS

Licensed clinical psychologist with over 35 years of clinical and administrative experience in public sector behavioral health services including 12 years in managed care settings. More than 30 years in Arizona, working in the behavioral health system in Pima County and the four southeastern Arizona counties. Key positions held include: Director and Deputy Executive Director respectively of two federally funded comprehensive Community Mental Health Centers; Director of Managed Care for a Regional Behavioral Health Authority (RBHA) serving a rural geographic service area; Chief Operations Officer for a RBHA serving a primarily urban geographic service area; and currently holds position of Deputy Director/Chief Operating Officer of Community Partnership of Southern Arizona (CPSA), a RBHA serving both urban and rural geographic service areas.

EDUCATION

1969 – Ph.D., Clinical Psychology, University of Missouri, Columbia, Missouri
1962-1963 – Internship, Clinical Psychology (APA Approved), Greater Kansas City Mental Health Foundation
1962 – M.A., Psychology, University of Missouri, Columbia, Missouri
1960 – B.A., Psychology (With Distinction), University of Missouri, Columbia, Missouri

PROFESSIONAL EXPERIENCE

Deputy Director/Chief Operating Officer, CPSA, Tucson, AZ **June 1995 – Present**

Provide management and supervision of the day-to-day operations of the agency. Responsible for management of the agency in the absence of the Chief Executive Officer. Provide consultation and technical assistance to program staff and/or community organizations in the design, development, modification and implementation of a managed care behavioral health delivery system. Assure delivery of quality programs and services in a sensitive, cost-efficient and effective manner. Support and assist management staff in developing, maintaining, monitoring and evaluating agency programs and services. Provide oversight of the selection process for service network of care providers. Chair selected committees for community-based planning purposes and internal agency work groups. Coordinated 1995, 2000 and 2004 RBHA applications.

Consultant/Independent Contractor, Tucson, AZ **February 1994 – June 1995**

Provided grant writing, administrative, program planning and other consultation services in both the public and private sector. Clients included: Southeastern Arizona Behavioral Health Services; Arizona Center for Clinical Management; Parkview Episcopal Medical Center (Pueblo, Colorado); Arizona Biodyne, Inc. (Phoenix, Arizona) and the Community Partnership of Southern Arizona.

Chief Operations Officer, Arizona Center for Clinical Mgmt., Tucson, AZ **April 1993 – February 1994**

Provided management and oversight of day-to-day operations. Supervised Contracts, Managed Care, Human Resources and MIS Departments. Supervised the Finance Department on an interim basis. Participated in the annual budgeting process. Acted as Director in the absence of the Executive Director.

Director of Managed Care, SEABHS, Benson, AZ **February 1991 – April 1993**

Developed and provided ongoing oversight of the RBHA's managed care system. Provided supervision and oversight of RBHA case management activities for children and seriously mentally ill adults. Participated in regional planning, development and coordination of services. Monitored and evaluated provider agencies and provided technical assistance. Developed site visit protocols and functioned as Team Leader for annual site visits. Coordinated preparation of proposals and grant applications to state and local funding sources including the 1992 RBHA application. Acted as Director in the absence of the Chief Executive Officer.

Jane Goodall Inst. for Wildlife Research, Educ. and Conservation, Tucson, AZ **May 1987 – February 1991**

Assisted in establishing the Institute as a private, nonprofit organization in Tucson. Held various positions over the years including: Director of Development, Director of Administrative Services and Executive Director. Provided staff support to Jane Goodall during her annual lecture tours and during her Congressional lobbying efforts re: improving conditions for chimpanzees in biomedical research laboratories, and adding chimpanzees to the Endangered Species list.

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Deputy Executive Director, La Frontera Center, Inc., Tucson, AZ October 1978 – December 1986

Provided management and supervision of the day-to-day operations of the Center. Supervised the development and management of the annual budget. Generated operating funds from public and private sources. Coordinated preparation of proposals and grant applications to federal, state and local funding sources. Represented the Center in all matters of negotiation, contracts and agreements. Provided oversight of the Program Evaluation component and clinical programs to ensure the provision of quality services in a culturally sensitive, cost-efficient and effective manner. Supervised five administrative staff including: Director of Budget and Finance, Director of Personnel, Director of Program Evaluation, Administrator and Administrative Aide. Acted as Center Director in the absence of the Executive Director.

Director, Tucson East Community Mental Health Center, Tucson, AZ August 1972 – September 1978

Established and implemented programs as the first Director of a new federally funded comprehensive Community Mental Health Center. Provided initial program planning and coordination with affiliated agencies providing adult inpatient and children's outpatient services. Established liaisons and cross-referral patterns with other community agencies. Provided public education and information regarding community mental health and the Center's programs and services. Assumed lead in annual preparation of federal, state, county and local grant applications. Maintained primary responsibility for liaisons with funding sources and monitored overall contract compliance. Provided direct supervision to four clinical supervisors and the Director of Research and Evaluation. Participated in local and statewide planning for provision of mental health, alcohol and drug abuse services for both adults and children. Participated as a member of a variety of behavioral health advisory groups and task forces.

Director, Crisis Services, Good Samaritan Cmty Mental Health Ctr., Dayton, OH October 1969 – July 1972

Developed, coordinated and provided ongoing supervision of a 24-hour crisis/walk-in and follow-up service in a newly funded comprehensive Community Mental Health Center. Supervised a staff of nine professionals and paraprofessionals. Participated in overall Center planning and coordination as a Department Director. Developed, implemented and supervised an LEAA funded "Police Project" in which police officers were trained to recognize and deal with behavioral health issues.

Staff Psychologist, Western Missouri Mental Health Ctr, Kansas City, MO August 1963 – September 1967

Provided initial evaluations, treatment planning and referral for new clients seeking service. Participated on a treatment team which worked "across service components" to assure continuity of care. Functioned as an individual and group therapist in an outpatient setting.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1973 to Present – Licensed Clinical Psychologist, Arizona State Board of Psychologist Examiners (#0292)
- 1970 to Present – Member, American Psychological Association

MIRIAM KILE, R.N., M.S.
CLINICAL OPERATIONS ADMINISTRATOR
(Director, Clinical Operations)

SUMMARY OF QUALIFICATIONS

Experience in clinical program development in the public sector with AHCCCS and ADHS/DBHS for services to children/adolescents, adults with serious mental illness, adults with substance use disorder and adults with general mental health conditions since 1989. Experience in oversight of vocational/employment, housing and prevention services, as well as personnel management since 1965.

EDUCATION

1969 – M.S., Nursing with Focus on Community Mental Health & Community Health Administration, University of Arizona, Tucson, Arizona
1953 – B.S., Nursing Education with Focus on Psychiatric Nursing & Education, University of Pittsburg, Pittsburg, Pennsylvania
1951 – R.N. Diploma, Registered Professional Nurse, Shadyside Hospital, Pittsburg, Pennsylvania

PROFESSIONAL EXPERIENCE

Director, Clinical Operations, CPSA, Tucson, AZ **September 2004 – Present**
Implement and supervise network management, member services, network development, provider support and training functions.

Director, Network and Clinical Management, CPSA, Tucson, AZ **August 1999 – September 2004**
Implemented and supervised network management, member services, utilization management and pharmacy services through coordination with medical services, data analysis and quality management.

Director of Clinical Operations, CPSA, Tucson, AZ **1997 – 1999**
Implemented and supervised utilization management and quality management programs; provided oversight for data analysis and participated in the executive management decision making process.

Coordinator, Utilization Management, CPSA, Tucson, AZ **1995 – 1997**
Developed, implemented and supervised utilization management program for a five county behavioral health managed care system.

Manager, Utilization Management, Mercy Care Plan, Phoenix, AZ **March 1993 – June 1995**
Developed and implemented a utilization review system for psychiatric and acute medical/surgical inpatient hospitalization.

Consultant, SEABHS, Inc., Nogales, AZ **July 1992 – February 1993**
Developed and implemented Medicaid Title XIX Mental Health Programs for adults and children.

Director, Child and Adolescent Behavioral Health Services, ADAPT, Inc., Tucson, AZ **December 1989 – June 1992**
Developed and implemented community based children's behavioral health services including implementation of Title XIX Program.

Faculty, Community Health Promotion, University of Phoenix, Tucson, AZ **August 1987 – 1993**
Facilitated classes for RN students in the BSN program.

HCFA Nurse Consultant, HCFA **June 1979 – 1994**
Fourteen years' experience as psychiatric hospital surveyor for compliance with Medicare regulations primarily in state psychiatric hospitals.

Director of Planning, Palo Verde Hospital, Tucson, AZ **1986 – 1987**
Organized efforts to develop plans to build state-of-the-art psychiatric hospital. Planned staffing needs for increase in patient population. Supervised building process for new hospital. Planned move from current hospital to new hospital; developed a manual to cover all aspects of move and supervised move. Developed new programs to increase visibility of new hospital in community.

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Program Director, Palo Verde Hospital, Tucson, AZ 1969 – 1986

Assured adequate staffing levels of nursing staff and supervised delivery of nursing care. Assured adequate staffing levels of ancillary staff, psychology, social work, pharmacy, dietary, therapeutic activity staff and supervised delivery of patient services. Developed liaison with community agencies. Developed and implemented budgets.

Director of Nursing, Palo Verde Hospital, Tucson, AZ 1965 – 1969

Hired and supervised all nursing staff. Provided in-service for developing the psychiatric nursing role and developing methods to provide quality nursing care. Planned and implemented staffing patterns which respond to census and acuity. Reviewed documentation by nursing staff to assure the provision of active psychiatric treatment.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1962 to Present – Licensure, Arizona State Board of Nursing (#RN015578)
- 1998 to Present – Certification, Certified Professional in Healthcare Quality (CPHQ#7836)
- 1994 to 2000 – Certification, Certified Professional in Litigation Review (CPUR)

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- 1988 to Present – Consultation for Compliance with Civil Rights, U. S. Department of Justice, Special Litigation Section
- 1987 to Present – Consultation for Psychiatric Hospital Program Development (private). Provide consultation on the development of nursing service department; coordination of efforts of all disciplines; compliance with JCAHO regulations; guidelines for appropriate documentation.
- 1991 to 1993 – Arizona Department of Health Services, Children's Treatment/Prevention Committee Member of ad hoc committee on treatment/prevention of statewide Council on Children's Behavioral Health Issues.
- 1990 to 1993 – Community Health Committee of Pima County Health Department Planning Committee to prioritize public health problems and to plan community approaches to solve the problems prioritized as one through five.
- 1989 to 1993 – Pima County Council on Children's Behavioral Health Issues Service as co-chairperson for local council which included state agencies, providers, consumer advocates and representatives of the Title XIX children's behavioral health administrative entity.
- 1986 to 1990 – Mental Health Association Board Function as secretary and chairperson of nominating committee. Functioned as chairperson of Behavioral Health Task Force for Pima County. The goal of this task force was to coordinate advocacy efforts of all behavioral health agencies in order to assure an adequate level of state supported funding and to educate legislators of the need.
- 1971 to 1991 – Interface - Interdisciplinary Behavioral Health Education Founder of professional group which organized educational seminars to improve psychiatric care.
- 1991 – Presentation at Psychiatric Grand Rounds. Western State Hospital, Staunton, Virginia.
- 1991 – Presentation on the CASSP model of Children's Behavioral Health Service and its application in Pima County.
- 1987 – Presentation on AIDS Prevention in Psychiatric Hospitals, NHAPPH.

SANDY STEIN, MD
CHILDREN'S MEDICAL ADMINISTRATOR
(Associate Medical Director)

SUMMARY OF QUALIFICATIONS

Board certified child and adolescent psychiatrist and Arizona licensed physician with clinical and administrative experience in public sector behavioral health services including seven years in managed care settings. As Associate Medical Director, actively involved in all children's clinical programs, including quality management and utilization management functions of the RBHA.

EDUCATION

2001 – American College of Physician Executives: completed Physicians in Management Seminar II
1999 – American College of Physician Executives: completed Physicians in Management Seminar I
1992-1997 – Child/Adolescent Psychiatry Fellowship, General Psychiatry Internship/Residency, University of Arizona Health Sciences Center, Tucson, Arizona
1992 – M.D., Albany Medical College, Albany, New York
1987 – B.A., Psychology, Emory University, Atlanta, Georgia

PROFESSIONAL EXPERIENCE

Associate Medical Director, CPSA, Tucson, AZ **July 1997 – Present**
Provide psychiatric oversight to the behavioral health programs for children and adolescents through involvement in Quality Management, Utilization Management, Members Services and Executive Management.

Clinical Lecturer, University of Arizona, Tucson, AZ **July 1997 – Present**
1997-1998 – Attending physician for child and adolescent psychiatry clinic. Provided training, lectures.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1992 to Present – Licensure, Board of Medical Examiners (#25227)
- 1998 to Present – Certification, American Board of Psychiatry & Neurology with Child & Adolescent Specialty
- Member of American Academy of Child and Adolescent Psychiatry

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- 2004 – Presented at the Family Forum
- 2003 – Facilitated the Arizona Principles and Vision – The Role of the Child and Adolescent Psychiatrist
- Recurrent training “Psychiatric Diagnosis and Treatment Interventions – A Comprehensive Guide” for Pima County Juvenile Court Center and at the CPSA Training Center.
- Multiple training for University Medical Center medical students, residents and child psychiatry fellows about the Arizona Principles and Vision, CPSA child development and a variety of clinical diagnoses.

MARIA RICHARDS, M.S.W., L.C.S.W.
CHILD WELFARE EXPERT
(Children's Services Specialist)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with eight years experience. Principal strengths include: extensive knowledge of Child Protective Services (CPS) in Pima County, Arizona; extensive knowledge of systems and clinical issues affecting children within the child welfare system. Knowledge of Arizona's behavioral health initiatives and system of care structure. Direct experience in case management of children and youth in foster care; direct practice with children, adults and their families; extensive experience working with diverse populations, including children with special needs.

EDUCATION

1997 – M.S.W., Social Work with Child Welfare Specialization, Arizona State University, Tempe, Arizona
1991 – B.A., English, Arizona State University, Tempe, Arizona

PROFESSIONAL EXPERIENCE

Children's Services Specialist, CPSA, Tucson, AZ **October 2004 – Present**

Provide technical assistance, consultation and monitoring of the children's behavioral health system in Pima County and the four Southeastern Arizona Counties to ensure adherence to the Arizona Vision and Principles. Monitor that best practice and successful collaboration occurs between the children's provider Networks, state agencies and other community agencies so that children and their families in the behavioral health system reach their fullest potential. Responsible for oversight of the CPS 24-Hour Urgent Behavioral Health Response collaborative initiative between CPS and children's provider Networks. Represent CPSA at Pima County Children's Council and the sub-committees of the Cross-Systems Committee and the Evaluation and Implementation Committee. Facilitate workgroup focusing on transition issues for children in foster care. Provide support to children's Networks towards the successful implementation of Child and Family Teams throughout the children's behavioral health system.

Social Worker, University Medical Center, Tucson, AZ **April 2003 – October 2004**

Provided case management and discharge services to patients ages 18 and above on medical surgery, oncology and psychiatric units. Monitored patients on the above-mentioned units to ensure patients receive appropriate services at discharge and to ensure that hospital discharges occur in a timely manner. Worked closely with the Family and Community Medicine Team to ensure that patients on their service received services for a safe and timely discharge from the hospital. Monitored patients in the psychiatric unit by providing psychosocial assessments upon admission, case management and referrals for appropriate services. Collaborated with behavioral health providers to facilitate the best discharge plan for patients as they leave the psychiatric unit.

Social Worker, Casey Family Programs, Tucson, AZ **November 2001 – February 2002**

Provided assessment, treatment planning, crisis intervention, brief therapy and case management to foster youth, young adults and their families. Managed 20 children through intake and case management. Created and streamlined intake process that reduced the amount of time for youth to be accepted into Casey Family Programs from six months to three months. Collaborated with Child Protective Services (CPS) workers in the intake process, which improved relations between CPS and Casey Family Programs. Successfully facilitated contact between foster youth and their birth families through significant life events such as sickness and death of a birth relative, resulting in improved relations for the youth and their birth family. Co-facilitated girls group, ages 13 to 18 yrs, to help participants learn critical decision making and decrease the likelihood of alcohol and substance abuse, resulting in improved attendance and participation for the youth in the group. Worked with the social work team to provide best outcomes for the foster youth within the program. Member of the Diversity Committee and Identity Formation Team.

CPS Specialist III, Child Protective Services (CPS), Tucson, AZ **August 1995 – November 2001**

Held the following positions over four years with increasing responsibility: MSW Intern, CPS Specialist I, II, and III. Provided case management to 20 to 30 children per year (12 to 16 cases), 90% of cases involving substance abuse and addiction. Successfully managed to preserve families and secure permanent homes for children leading to positive outcomes for youth in the CPS system. Monitored 16 to 20 youth in the Arizona Young Adult Program. Provided assessment, crisis intervention, treatment planning, goal setting, and coordination of treatment services leading to stability and opportunity for foster youth. Completed 480 hours of intensive training on CPS related issues, such as

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family dynamics of abuse and neglect, drug addiction and treatment, crisis intervention, and cultural diversity as an MSW Intern through the Child Welfare Training Unit.

Intake Counselor, Sierra Tucson, Tucson, AZ

June 2000 – November 2000

Provided intake counseling and assessment of patients seeking services for inpatient treatment resulting in appropriate admissions to the facility for such issues as addiction, eating disorders, sexual abuse, trauma, and mental health disorders. Communicated extensively with an interdisciplinary team of psychiatrists, physicians and therapists leading to a clear determination of patients clinically appropriate for treatment. Provided community resources and referrals to patients.

Intern Therapist, Jewish Family and Children's Center, Tucson, AZ

August 1996 – May 1997

Completed MSW internship over a nine month period. Managed a client caseload of eight to ten cases involving adults, couples, children and families seeking therapy for issues impeding growth and success. Facilitated school-based therapy groups for elementary school children to assist and provide them with a safe space to process emotional issues causing disruption in their school progress.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- June 2004 to Present – Licensed Clinical Social Worker, State of Arizona Board of Behavioral Health Examiners (LCSW-2876)
- September 2002 to June 2004 – Certification, Certified Independent Social Worker, State of Arizona Board of Behavioral Health Examiners (SW-2876I)

VICTOR FLORES, M.C.
CULTURAL EXPERT
(Cultural Diversity Specialist)

SUMMARY OF QUALIFICATIONS

Licensed counselor with over 18 years of professional experience in the public and private sectors. More than nine years working with the court system within the Probation Department in Pima County and over eight years in social service as an administrator and clinical director with an agency dedicated to shelter care. Worked on several Disproportionate Minority Confinement (DMC) and Overrepresentation Minority Youth grants while with the court system and as an administrator with the shelter care agency. Therapist with specialized populations pertaining to cultural and linguistic needs with experience in identifying and addressing the cultural needs of behavioral health recipients. Taught criminal justice at the college level specializing in race and ethnicity classes within the law enforcement realm. Currently holds position as Cultural Diversity Specialist of Community Partnership of Southern Arizona (CPSA), responsible for the design, implementation and modification of the behavioral health delivery system operations to ensure the cultural needs of behavioral health recipients are met.

EDUCATION

1993 – M.C., Masters of Counseling, University of Phoenix, Tucson, Arizona
1989 – B.A., Sociology, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Cultural Diversity Specialist, CPSA, Tucson, AZ **December 2003 – Present**

Responsible for the creation and implementation of a Cultural Proficiency Plan for the system of care in Southern Arizona to include Pima, Graham, Greenlee, Santa Cruz and Cochise counties. Initiate and oversee necessary needs assessments of target populations. Responsible for promoting culturally competent practice, steering research efforts and provide consultation.

Children's Services Specialist, CPSA, Tucson, AZ **June 2003 – December 2003**

Provided technical assistance, consultation and monitoring of the children's behavioral health system related to CPSA Children's Services. Focused on the day-to-day interactions between CPSA and the provider Network(s), state agencies and other community resources that affect the individual child/family or guardian.

Criminal Justice Specialist, CPSA, Tucson, AZ **September 2002 – June 2003**

Collaborated with providers to assist children and families referred by the Arizona Department of Juvenile Corrections in obtaining appropriate evaluations and treatment services. Participated in pre-release hearings and staffings with governmental agencies and service networks.

Adjunct Instructor, University of Phoenix, Tucson, AZ **July 2002 – Present**

Teach criminal justice courses in Juvenile Justice, Criminal Justice Organization, Managing Criminal Justice Personnel, Criminal Procedure, Cultural Diversity in Criminal Justice and Criminal Court Systems in accordance with the Bachelor of Science in Criminal Justice Administration curriculum.

Contract Therapist, Psychological & Consulting Services, Mesa, AZ **June 2000 – Present**

Contracted to work with adult sex offenders from Pima, Maricopa, Cochise and Santa Cruz Counties. Utilized cognitive and relapse prevention models to work with offenders.

Adjunct Instructor, Pima Community College, Tucson, AZ **August 1996 – May 2001**

Taught criminal justice classes in Race and Ethnicity, Corrections and Juvenile Delinquency in accordance with the Administration of Justice curriculum.

Program Director/Clinical Director, Open-Inn, Tucson, AZ **March 1995 – July 2002**

Supervised and coordinated all activities for the Center for Juvenile Alternatives and the Truancy Center. Supervised staff and coordinated training, outreach, scheduling, clinical supervision and service budget. Interfaced with community leaders to facilitate service delivery. Worked in collaboration with the County Attorney and law enforcement agencies. Made recommendations for prosecution of clients.

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Therapist, New Columbus, Tucson, AZ February 1998 – July 1999

Worked with juvenile sex offenders referred by juvenile court utilizing cognitive approaches. Clients were on Juvenile Intensive Probation Supervision.

Program Specialist, Research and Information Specialist, Inc., Mesa, AZ May 1997 – February 1998

Compiled information about Arizona prisons and made recommendations to the Arizona Department of Corrections with regard to substance abuse programming.

Senior Probation Officer, Pima County Juvenile Court Center, Tucson, AZ January 1995 – March 1995

Supervised adjudicated minors on Juvenile Intensive Probation Supervision (JIPS). Ensured compliance with all JIPS stipulations and services. Contacted juveniles in accordance with supervision levels of JIPS on evening/weekends to ensure compliance. Documented all contacts. Maintained weekly verification of school/employment/community service. Administered and documented urinalysis and breathalyzer tests. Conducted daily briefings with surveillance officer and supervised work of surveillance officer. Attended placement staffings and presented required material to committee.

Juvenile Probation Officer, Pima County Juvenile Court Center, Tucson, AZ February 1992 – December 1995

Performed supervision of a probation caseload to assure that the conditions of the Court were being adhered to. Prepared reports that required interviews with juveniles and their families; investigated the offense(s); checked referral history; interviewed victims, law enforcement agencies and community resources. Presented Dispositions, Revocations and Transfer reports to the court and provided the court with information and advice. Closely supervised juvenile offenders. Maintained records on all relevant matters concerning minors and evaluated referrals for processing. Made recommendations to the Court for Dispositions matters. Performed duties as required or prescribed by the Presiding Judge of the Juvenile Court. Had the authority of a peace officer in the performance of duties. Facilitated cognitive training groups.

Therapist, Parents and Children Together (PACT), Tucson, AZ August 1994 – August 1995

Provided in-home individual and family counseling to delinquent children, adolescents and their families. Cases were Title XIX and were received on a contract basis. Cognitive behavioral approaches were utilized that focused on decision-making, empathy, and problem solving and problem recognition.

Therapist, Desert Hills, Tucson, AZ August 1993 – August 1994

Received Title XIX cases and provided individual and family counseling. Worked with children and adolescents on an outpatient basis. Clients were multi-system involved. Coordinated services between providers.

Probation Support Specialist, Pima County Juvenile Court Center, Tucson, AZ November 1990 – February 1992

Supervised minors placed in a court-ordered day support program and on probation in a structured school setting. Assisted on-site probation officer in making recommendations regarding minor's dispositions. Co-facilitated monthly family groups.

Juvenile Detention Officer, Pima County Juvenile Court Center, Tucson, AZ July 1986 – November 1990

Worked with juvenile sex offenders referred by juvenile court utilizing cognitive approaches. Clients were on Juvenile Intensive Probation Supervision.

Additional information regarding job experience prior to 1986 is not included due to page limitations but is available upon request.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2004 to Present – Licensed Associate Counselor, State of Arizona Board of Behavioral Health Examiners (LAC-1207)
- 1994 to Present – Certificate, Certified Associate Counselor, Board of Behavioral Health Counselors (CC-1207A)

CYNDI DEINES, M.S., C.P.C.
TRAINING ADMINISTRATOR
(Training Manager)

SUMMARY OF QUALIFICATIONS

Over 25 years experience in clinical and administrative positions in publicly funded behavioral health care systems including 12 years in managed care. Fourteen years of training experience in the public sector as a trainer and 12 years administering the training function at the RBHA level. Training expertise includes cultural competency, assessment and documentation, ethics and system overview. Responsible for development and implementation of training programs for CPSA staff, network provider staff and other state agencies that provide or coordinate services to individuals enrolled in the system. A certified professional counselor with experience in family systems therapy, corrections work, substance use disorder treatment for adolescents and therapeutic foster care with four years of clinical supervision experience. Clinical work includes provision of services and supervising services in rural areas in the state of Oregon.

EDUCATION

1983 – M.S., Counseling Psychology, University of Oregon, Eugene, Oregon
1978 – B.A., Sociology and Anthropology, University of Colorado, Boulder, Colorado

PROFESSIONAL EXPERIENCE

Training Manager, CPSA, Tucson, AZ **July 1995 – Present**

Oversee coordination of Training Department for agency staff and personnel at contracted behavioral health agencies in five-county area. Facilitate classes on-site and via teleconferencing. Supervise training staff and front desk position at Training Center.

Staff Development Coordinator,
Arizona Center for Clinical Management, Tucson, AZ **September 1992 – July 1995**

Training coordinator for agency staff including needs assessments, scheduling, facilitating training budget, new employee orientation and class presentation.

Licensing Social Worker,
Arizona Children's Home Association, Tucson, AZ **December 1990 – September 1992**

Recruited families for emotionally disturbed older children (7-14). Placed children, trained and certified prospective parents, increased media exposure to increase public awareness and need.

Recovery Program Supervisor,
Looking Glass Counseling Center, Eugene, OR **June 1983 – September 1989**

Moved from Case Manager in Shelter Home to counseling center and provided assessment, individual, group and family counseling to adolescents. Promoted to Supervisor in 1986 and managed and supervised Intensive Outpatient Adolescent Recovery and Children of Addicts Programs.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1992 to Present – Certification, Certified Professional Counselor, Arizona State Board of Behavioral Health Examiners (CC-0216)
- 2000 to Present – Member of Pima Community College Social Service Community Advisory Council, Chair since 2004

WILLIAM SCHOENBERG, R.PH., B.S.
PHARMACY ADMINISTRATOR
(Pharmacy Services Manager)

SUMMARY OF QUALIFICATIONS

Arizona licensed pharmacist with 30 years progressive and successful experience in pharmacy management including 17 years in managed care environment. Broad background in formulary management, balancing quality services with cost containment and working the “front line” with extensive retail experience. Currently responsible for oversight of medication services for CPSA.

EDUCATION

1974 – B.S., Pharmacy, Brooklyn College of Pharmacy, Brooklyn, New York

PROFESSIONAL EXPERIENCE

Pharmacy Services Manager, CPSA, Tucson, AZ **September 2004 – Present**

Under the direction of the CPSA Medical Director and in conjunction with other CPSA management staff, direct, establish, and plan the overall policies and goals for CPSA’s Pharmacy related services. Maintain contact with provider Network Medical Directors, medical staff, and nursing staff to determine needs, resolve problems, improve processes, and promote clinical best practices for cost-effective psychopharmacology.

Pharmacy Manager, Osco Pharmacy, Tucson, AZ **October 2000 – August 2004**

Managed retail pharmacy.

Pharmacy Manager, Vencare Pharmacy, Tucson, AZ **September 1998 – October 2000**

Managed long term care pharmacy contracted with nursing homes.

Pharmacy Manager, CIGNA, Tucson, AZ **October 1980 – June 1998**

Managed pharmacy services for HMO and formulary PBM management.

Pharmacy Director, West Pinal Family Health Ctr., Casa Grande, AZ **1979 – 1980**

Directed healthcare clinic for indigent and migrant farm workers.

Supervisor, Prescriptions Exclusive, New York, NY **1976 – 1979**

Supervised pharmacy.

Staff Pharmacist, Prescriptions Exclusive, New York, NY **1974 – 1976**

Staffed pharmacy.

Pharmacy Intern, Prescriptions Exclusive, New York, NY **1972 – 1974**

Staffed pharmacy.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1979 to Present – Licensure, Arizona State Board of Pharmacy (#6979)

NOEL C. GONZALEZ, PH.D.
QUALITY MANAGEMENT ADMINISTRATOR AND HUMAN RIGHTS LIAISON
(Director, Performance Improvement and Quality Management)

SUMMARY OF QUALIFICATIONS

National Certified Counselor and Certified Professional in Health Care with 25 years of clinical and administrative experience in behavioral health settings serving diverse populations; including 13 years in quality management in managed behavioral healthcare settings. More than 14 years spent in Arizona, working in the behavioral health system in Pima County and the four southeastern Arizona counties. Responsible for the oversight of quality management functions at CPSA. Designated point of contact with ADHS Office of Human Rights and responsible for providing information to Human Rights Committees.

EDUCATION

1995 – Ph.D., Counseling Psychology, University of Wisconsin-Madison, Madison, Wisconsin
1984 – M.Ed., Counseling and Guidance, University of Texas-Pan American, Edinburg, Texas
1980 – B.A., Psychology (English Minor), University of Texas-Pan American, Edinburg, Texas

PROFESSIONAL EXPERIENCE

Director, Performance Improvement & Quality Management, CPSA, Tucson, AZ July 2000 – Present

Direct and implement a Total Quality Management (TQM) program for the Regional Behavioral Health Authority (RBHA), its Network providers, subcontracted providers and the Crisis System. Implement a system-wide Performance Improvement Model. Ensure compliance with all Quality Management (QM) reporting requirements to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). Write, implement and evaluate an Annual Quality Management Program. Design and carry out a comprehensive system of provider monitoring and profiling (Report Card) based on performance, outcome, process and national benchmarks. Develop and lead comprehensive Biennial Network provider reviews geared at addressing and improving infrastructures. Direct region-wide QM inspections of CPSA's subcontracted mental health providers. Direct the reporting, review and investigation system of critical incidents. Assist in developing and monitoring statewide outcome indicators. Assess quality management plans, policies and processes designed to improve the quality of care to all behavioral health members. Spearheaded and directed two (2000 and 2003) successful system-wide efforts to obtain RBHA and Comprehensive Network Provider accreditation and reaccreditation through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Coordinate CPSA's efforts in meeting ADHS' Administrative Review standards.

Manager, Performance Improvement & Quality Management, CPSA, Tucson, AZ July 1995 – June 2000

Directed and implemented a Total Quality Management (TQM) program for the RBHA for the five southern and southeastern Arizona Counties, its Network providers, subcontracted providers and the Crisis System. Ensured compliance with all QM reporting requirements to ADHS/DBHS. Wrote, implemented and evaluated an Annual QM Program. Designed and carried out a comprehensive system of provider monitoring and profiling (Report Card) based on performance, outcome, process and national benchmarks. Developed and led comprehensive Annual and Biennial Network provider reviews geared at addressing and improving infrastructures. Directed the reporting, review and investigation system of critical incidents and adverse events.

Intermittent Surveyor, JCAHO, Tucson, AZ June 1999 – December 1999

Surveyed freestanding and hospital-based behavioral healthcare organizations for compliance with accreditation standards. Provided consultation regarding the intent of and implementation of, the Joint Commission standards and behavioral healthcare practices through leadership interviews, performance improvement interviews, program interviews, organization tours, staff interviews and patient/member served interviews. Trained by Joint Commission as a Behavioral Healthcare Surveyor under the Comprehensive Accreditation Manual for Behavioral Healthcare and as a Chemical Dependency Specialist under the Comprehensive Accreditation Manual for Hospital Organizations.

Director, QM & Research, Arizona Center for Clinical Mgmt. (ACCM), Tucson, AZ May 1994 – June 1995

Directed and carried out a Continuous Quality Improvement (CQI) system for the Regional Behavioral Health Authority that provided managed behavioral health services to all eligible clients in Pima County. Responsible for all QM reporting requirements to ADHS/DBHS. Developed and monitored statewide outcome indicators throughout the provider Network. Developed and executed a Regional Behavioral Health Services Plan. Wrote and carried out ACCM's Annual QM Plan and QM Policies and Procedures. Directed community-wide QM audits of subcontracted mental health

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providers. Produced and executed community standards of care for all served populations. Directed the reporting, review and investigation system of critical incidents. Implemented and assessed programs designed to improve the quality of care to all clients served. Directed and planned the behavioral health training efforts for ACCM and provider Network staff.

QM Coordinator, ACCM, Tucson, AZ **July 1992 – April 1994**

Coordinated the implementation of a Quality Management (QM) program for the RBHA that provided mental health services in a managed care setting in Pima County. Conducted Utilization Review (UR) Team Meetings with Clinical Supervisors to determine if clients met medical necessity for admission and continued stay. Responsible for all QM reporting requirements to ADHS/DBHS. Conducted community-wide QM audits of mental health providers subcontracted by ACCM. Reviewed and investigated critical incidents.

Quality Assurance & Utilization Review Coordinator, ACCM, Tucson, AZ **August 1991 – June 1992**

Coordinated the implementation of community standards of care for the SMI population in Pima County. Investigated critical incidents. Assessed and implemented programs to improve the quality of care to all consumers with SMI. Tracked and trended high-utilizers of services. Wrote and implemented UR. Coordinated all training efforts for ACCM.

Mental Health Clinician, ACCM, Tucson, AZ **August 1990 – August 1991**

Performed intakes and evaluations on clients referred for SMI determination. Administered and interpreted an array of psychological tests, (e.g., MMPI, MCMI, SCID, Rorschach, etc.). Counseled clients on personal and interpersonal issues. Provided case management services to the SMI population. Referred clients to appropriate community and behavioral health services.

Associate Lecturer, University of Wisconsin-Madison, Madison, WI **Summer 1990**

Developed curriculum and taught a summer course on Techniques of Interviewing. Supervised a doctoral-candidate Teaching Assistant. Evaluated students and TA on their progress.

Teaching Assistant, University of Wisconsin-Madison, Madison, WI **June 1988 – May 1990**

Developed curricula and taught human development modules to University of Wisconsin Students. The modules included Educational Effectiveness, Human Development and Career Strategies. Evaluated students on their progress.

Study Skills Instructor, University of Wisconsin-Madison, Madison, WI **January 1990 – May 1990**

Taught study skills to Upward Bound participants. The population consisted of low-income, first-generation college and a diverse group of minority high-school students.

Counselor, UW-Madison University Counseling Services, Madison, WI **September 1985 – August 1988**

Counseled University students on personal and interpersonal issues (e.g., cross-cultural issues, career planning, study skills, eating disorders, personal adjustment, communication skills, etc.). Led groups on Career Planning, Study Skills and Test Anxiety. Supervised Master's level counselors. Led training groups on Career Planning. Administered and interpreted personality and interest inventories (e.g., MMPI, MCMI, Strong Interest Inventory, SCL 90, etc.).

Additional information regarding job experience prior to 1985 is not included due to page limitations but is available upon request.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2000 to 2006 – Certification, National Certified Counselor, National Board for Certified Counselors, Inc. (#61512)
- 1998 to 2005 – Certification, Certified Healthcare Quality Professional, Healthcare Quality Certification Board (CHQP#7687)

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

Fourth Author of "Serious Mental Illness and Mortality Rates" published in *Hospital and Community Psychiatry*, June 1994.

RANDY CLAXTON, M.S.W., C.I.S.W.
UTILIZATION REVIEW ADMINISTRATOR
(Utilization Review Supervisor)

SUMMARY OF QUALIFICATIONS

Certified Master's level Social Worker with over twelve years experience working in Arizona behavioral health field in a managed care system. Key positions include Member Services Coordinator and Utilization Review Supervisor. Presently responsible for oversight of utilization review for CPSA.

EDUCATION

1993 – M.S.W., Social Work, Arizona State University, Tempe, Arizona

1988 – B.A., Spanish and Public Administration, San Diego State University, San Diego, California

PROFESSIONAL EXPERIENCE

Utilization Review Supervisor, CPSA, Tucson, AZ **March 2002 – Present**

Ensure compliance with Federal Utilization Control requirements as well as pertinent state policy and procedure related to securing services and prior authorization of services. Provide technical assistance to community providers including in-patient facilities to ensure timely enrollment, in-patient treatment, discharge planning and coordination of after-care services. Develop practice standards that ensure quality behavioral health services in a managed care setting. Oversee utilization review practice for adult and child behavioral health services in Pima County and four southeastern Arizona counties.

Member Services Coordinator, CPSA, Tucson, AZ **October 1995 – March 2002**

Provided clinical consultation services to community service providers for high-risk, problem-prone behavioral health cases. Coordinated services for CPSA members admitted to the Arizona State Hospital and served as a liaison to the hospital. Participated in team model of service planning and discharge planning and facilitated timely discharges including provision of after care services with community providers. Reviewed referrals for determination of eligibility for Seriously Mentally Ill (SMI) program.

Clinical Case Manager,
Arizona Center for Clinical Management, Tucson, AZ **May 1992 – October 1995**

Provided case management services for behavioral health recipients in the Serious Mentally Ill (SMI) program. Conducted assessments and developed service plans with members and their families.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1998 to Present – Certification, Certified Independent Social Worker, Board of Behavioral Health Examiners (SW-2408I)

DINA ROSENGARTEN, M.S.W., L.C.S.W.
CUSTOMER SERVICES ADMINISTRATOR
 (Member Services Manager)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with 15 years of experience in public sector behavioral health services. Experience working with adults with serious mental illness, coordinating services through the behavioral health system, and ensuring appropriateness of services for members. Nine years experience as Member Services Manager coordinating communications with members, providers, Health Plans and state agencies in the resolution of complaints.

EDUCATION

1990 – M.S.W., Social Work, Arizona State University, Tempe, Arizona
1986 – B.A., Psychology & Sociology, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Member Services Manager, CPSA, Tucson, AZ **October 1995 – Present**

Implement and coordinate functions within Member Services to ensure that complaints are resolved in a timely manner through staff coordination with members, providers, stakeholders and state agencies. Responsible for hiring, training, and supervising staff. Knowledge of AHCCCS and ADHS/DBHS, Title IX, Chapter 20 rules and regulations. Review the organization and effectiveness of CPSA Member Services and revise as necessary. Serve as Member Services Liaison to CPSA departments and committees, Network providers, and the community to ensure quality of care and service to members and providers.

Clinical Supervisor, Arizona Center for Clinical Mgmt., Tucson, AZ February 1995 – October 1995

Provided clinical supervision to site Case Managers and Case Manager Aides, including the residential team. Formalized the referral process to residential programs and facilitated its implementation. Liaison to Arizona State Hospital for the residential team. Responsibilities included reviewing service authorizations, ensuring medical records met AHCCCS licensing and ACCM standards, orienting and training new and existing staff. Provided assistance with the ISP process, coordinated new intake assignments and provided emergency coverage for the clinical teams.

Mental Health Clinician, Arizona Center for Clinical Mgmt., Tucson, AZ **July 1994 – February 1995**

Managed up to 40 individuals with SMI in addition to psycho-social assessments, individual counseling, crisis intervention, medication monitoring, treatment planning, coordination of services with treatment providers, advocacy, civil commitment procedures, hospital discharge planning, and assisting clients with obtaining community resources which would meet their needs. Assisted in the development and implementation of the C.B.T. team. Participated in committees and work groups such as Policy and Procedures, Quality Assurance, Program Committee, Intersite Council and Education Committee.

Team Leader, Arizona Center for Clinical Mgmt., Tucson, AZ **September 1993 – June 1994**

Provided clinical supervision, training and evaluation of six staff who case managed dually diagnosed individuals. Provided emergency coverage for the team. Provided technical assistance with the ISP process. Other administrative duties included utilization review of services, chart audits, coordination of new intake assignments. Responsible for the site in the absence of the site manager.

Mental Health Clinician, Arizona Center for Clinical Mgmt., Tucson, AZ **June 1990 – August 1993**

Managed up to 40 individuals with SMI in addition to psycho-social assessments, individual counseling, crisis intervention, medication monitoring, treatment planning, coordination of services with treatment providers, advocacy, civil commitment procedures, hospital discharge planning, and assisting clients with obtaining community resources which would meet their needs. Assisted in the development and implementation of the C.B.T. team. Participated in committees and work groups such as Policy and Procedures, Quality Assurance, Program Committee, Intersite Council and Education Committee.

Crisis Intervention Counselor, Help On Call, Tucson, AZ **May 1987 – August 1992**

Answered and acted upon crisis calls that ranged in content from suicidal ideation to emotional support of the caller. Supervised co-worker activities when acting as staff member. Part time employment and volunteer.

GSA 3/GSA 5

Telephone Case Worker, Information and Referral, Tucson, AZ

May 1988 – June 1990

Answered phone calls and informed callers of community resources available to meet their needs. Part-time employment.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2004 to Present – Licensed Certified Social Worker, Board of Behavioral Health Examiners (LCSW-1725)
- 2000 to Present – Certification, Certified Professional in Healthcare Quality, Healthcare Quality Certification Board (CPHQ#10011)
- 1993 to 2004 – Certification, Certified Independent Social Worker, Board of Behavioral Health Examiners (SW-1725I)
- Academy of Certified Social Workers
- National Association of Social Workers

VANESSA SEANEY, M.S.W., L.C.S.W.
PROVIDER SERVICES ADMINISTRATOR
(Network Development Manager)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with 21 years experience working in public behavioral health care in Southern Arizona including clinical, supervisory, managerial and administrative experience. Certified Professional in Healthcare Quality (CPHQ) since 1998. Responsible for development and management of Network providers, oversight of service provider contracts and coordination of communications between CPSA and Network providers, including resolution of provider complaints. Extensive leadership in program development and providing supervision, training, and technical assistance to behavioral health professionals and community stakeholders. Clinical expertise includes cultural diversity, crisis assessment, behavioral health evaluations, clinical case management, psychotherapy, and utilization management.

EDUCATION

1992 – M.S.W., Social Work, Arizona State University, Tempe, Arizona
1983 – B.S., Psychology, Northern Arizona University, Flagstaff, Arizona

PROFESSIONAL EXPERIENCE

Network Development Manager, CPSA, Tucson, AZ **July 2002 – Present**

Participate in strategic planning and development including network design and improvement. Provide program development, leadership, training and education, technical assistance, and promotion. Responsible for the development and monitoring of CPSA RBHA Sufficiency and Development Plan including assessment of gaps within the system. Develop strategies for problem resolutions by synthesizing information from various sources with an emphasis on collaboration. Analyze utilization of the Network and oversee procurement. Assist in development and implementation of Scopes of Work in contracting process including ensuring Network providers meet requirements. Responsible for the development, implementation, and monitoring of the CPSA Strategic Cultural Proficiency Plan. Represent CPSA on task forces, advisory committees and before community groups in order to develop new programs, assess ongoing programs and assist in collective activities to improve the system of care. Direct supervision of Network Development staff.

Consultant, Seanev Clinical Consulting, Tucson, AZ **May 2001 – July 2002**

Provided consulting services specializing in behavioral health systems of care. Coached and mentored others toward overall performance improvement. Cultivated and promoted integration across internal and external networks. Appointed to special projects in an effort to analyze implications and consequences, anticipate obstacles, and develop proactive strategies to complete all assigned tasks.

Senior Utilization Review Specialist, CPSA, Tucson, AZ **July 1998 – May 2001**

Supervised CPSA Utilization Review team. Provided consultation to contracted facilities in relation to network processes and linkage for all member populations. Provided system-wide training and technical assistance related to utilization review criteria and managed care principles. Participated in coordination of care activities with state agencies and AHCCCS Health Plans. Participated in the implementation of the CPSA utilization management system, in order to monitor, evaluate and improve the utilization of behavioral health services in Southern Arizona. Participated in the oversight, monitoring and development of comprehensive service providers' utilization management plans and activities directed toward improved services.

Utilization Review Specialist, CPSA, Tucson, AZ **July 1995 – July 1998**

Participated in the implementation of the CPSA utilization management system, in order to monitor, evaluate and improve the utilization of behavioral health services in Southern Arizona. Participated in the oversight, monitoring and development of Network providers' utilization management plans and activities directed toward improved services. Participated in the development and implementation of utilization management system design.

Clinical Therapist, MCC Behavioral Care, Tucson, AZ **August 1994 – July 1995**

Performed crisis behavioral health evaluations for all populations. Provided problem-focused, solution-oriented therapy for all member populations including children, adolescents, and their families with special focus on multicultural issues. Participated in coordination of care between members, families, and their Primary Care Physicians.

GSA 3/GSA 5

Managed Care Coordinator, Arizona Center for Clinical Management, Tucson, AZ **October 1992 – August 1994**

Participated in the development and implementation of a behavioral health system of care. Worked closely with system case managers to train and provide technical assistance related to utilization of behavioral health services.

Director of Admissions, Cottonwood de Tucson, Tucson, AZ **June 1992 – October 1992**

Responsible for all evaluations and admissions of members and their families seeking residential substance abuse services. Supervised clinical crisis and admission staff performing behavioral health and substance abuse assessments.

Psychiatric Admissions and Crisis Coordinator, Sonora Desert Hospital, Tucson, AZ **May 1988 – May 1992**

Supervised clinical crisis and support staff. Fiscal budgetary responsibility and development. Coordinated 24-hour crisis services and brief treatment for all populations including children and their families. Performed behavioral health crisis assessments including Title 36 petitions, when necessary.

Psychotherapist II, Southern Arizona Mental Health Center, Tucson, AZ **May 1987 – May 1988**

Provided behavioral health services to members and their families with special focus on minority populations. Responsible for Title 36 pre-petition evaluations and screenings. Provided case management and system linkage for members and their families seeking behavioral health treatment.

Mental Health Specialist, Kino Community Hospital, Tucson, AZ **October 1985 – May 1987**

Participated in the evaluation, treatment and rehabilitation of highly treatment resistant seriously mentally ill members. Collaborated with the various subsystems within the state and county to plan and provide comprehensive behavioral health care and case management.

Clinician III, Phoenix South Community Mental Health, Phoenix, AZ **December 1984 – October 1985**

Provided intake screening, case management, individual and group counseling to seriously mentally ill members and their families. Performed consultation and education activities with community agencies.

Psychiatric Case Manager, Kino Community Hospital, Tucson, AZ **June 1983 – April 1984**

Provided case management services for seriously mentally ill clients and their families. Encouraged and promoted client and family involvement in supportive network relationships. Demonstrated the ability to work in a multidisciplinary team.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- July 2004 to Present – Licensed Clinical Social Worker, Arizona Board of Behavioral Health Examiners (LCSW-2554)
- 1999 to June 2004 – Certificate, Certified Independent Social Worker, Arizona Board of Behavioral Health Examiners (SW- 25541)
- 1998 to Present – Certified Professional in Healthcare Quality Health Care, Quality Certification Board (CPHQ #8130)

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

Facilitation and presentations at numerous trainings, workshops and conferences as a speaker on behavioral health related topics.

LESLIE C. ELMORE, JR., M.S.
INFORMATION SYSTEMS ADMINISTRATOR
(Chief Information Officer)

SUMMARY OF QUALIFICATIONS

Fifteen years experience managing information systems and computer system networks; four years experience in Arizona behavioral healthcare. Responsible for oversight of CPSA management information systems.

EDUCATION

1997 – M.S., Information Sciences and Systems, Bowie State University, Bowie, Maryland
1994 – B.S., Management Studies, University of Maryland, College Park, Maryland

PROFESSIONAL EXPERIENCE

Chief Information Officer, CPSA, Tucson, AZ **December 2000 – Present**

Responsible for creating Information Technology (IT) Department for Regional Behavioral Health Authority serving two geographic service areas covering five Arizona counties. Develop and implement strategic technology plans, training, and IT policies. Manage annual IT budget. Plan, design, implement, integrate, and maintain information systems for managing member data, member enrollment, and claims processing utilizing proprietary and Electronic Data Interchange ASC X12 standards. Manage the movement of claims processing and member management from out-sourced contractor to in-house utilizing in-house developed systems working with external organizations to modify a commercial off-the-shelf software package. Develop, implement, and manage a secure Web-based portal to collect and share data with internal and external customers. Manage the computer network to 200 workstations at four internal sites inter-connected by fiber optic cabling, while securely connecting to four external organizations and 75 remote users. Expanded an eleven site ISDN Video Teleconferencing Network to 28 sites. Migrate and manage an enterprise-wide telecommunications network. Serve as Security Officer.

Director of Information Technology,
Indian Oasis-Baboquivari School District, Sells, AZ **November 1998 – June 2000**

Managed annual budget of \$1.8 million. Developed and published specifications for out-sourced contract work. Developed, implemented and conducted end-user and technology personnel training. Re-engineered business processes to integrate technology into K-12 classroom curriculum to meet state reporting requirements. Established intranet and Internet Web sites. Installed seven computers and one video teleconferencing lab. Analyzed, selected, and installed commercial products to meet business needs for human resources, financial accounting, student accountability, and library management systems. Designed and wrote *ad hoc* queries for management reports and for exporting data from one application into another. Designed and wrote scripts for automated software upgrades/installs and logon scripts for creating networking environment. Designed, implemented, and maintained physical, logon, and file system security. Implemented system upgrades and performed database schema conversions. Applied for and won approval for state and federal grants saving district \$1.3 million.

Chief, Automated Systems and Superintendent, Data Systems Analysis, U.S. Air Force **1981 – 1998**

Managed resources to ensure effective distribution and use of over 2300 personnel and facilities valued over \$19 billion. Project Manager for European theater implementation of aircraft sortie maintenance debriefing expert knowledge based system. Developed European concept of operations, mission needs statement, functional requirements documents, and statements of work for the U.S. Air Force's client/server Integrated Maintenance Data System (IMDS). European Operations Manager for the U.S. Air Force's Core Automated Maintenance System (CAMS) comprised of 28 subsystems installed at six locations in three countries. European headquarters representative and voting member at Critical Design Reviews, Configuration Control Boards, and Functional Requirements Boards for all logistics maintenance information systems. Implemented system releases and performed schema conversions. Administered Novell 3.x user and MS Mail accounts; troubleshooted and fixed LAN and Internet connectivity problems; installed network cabling and hubs. Developed/published/executed operational policy, provided career guidance, and controlled location assignments for 326 field analysts and database managers across the United States. Database manager for Progress RMDS and COBOL hierarchical databases. Developed functional and configuration requirements and acted as subject matter expert for development of a \$5.6 million classified relational database management information system. Sponsored, planned, and hosted a three day conference for 125 analysts and database managers. Developed and implemented automated systems used to report health-of-fleet for deployed aircraft. Site operations manager for the Core Automated Maintenance System (CAMS). Maintained integrity and security of cross-functional COBOL hierarchical database. Planned and

GSA 3/GSA 5

1 executed system maintenance, backup, and recovery. Planned, implemented, and maintained file system and logon
2 security. Produced management and by exception reports; designed and produced *ad hoc* queries. Identified and
3 documented system design errors; fixed abnormal disk conditions. Implemented system releases and performed schema
4 conversions. Trained end-users and in-house analysts and database managers. Collected and monitored performance
5 data for significant trends. Used statistical methods to produce special studies and performance summaries. Identified
6 critical success factors/metrics; developed standards and goals. Technical advisor for small computer operations center
7 and help desk functions. Installed and terminated fiber optic and Category 5 cable. Troubleshoot and resolved end-user
8 networking and desktop computing problems. Migrated management information system from Burroughs to Sperry
9 mainframe at four Air Force bases.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 11 • 2000 – Certification, Microsoft Certified Systems Engineer (MCSE+ Internet)
- 12 • 2000 – Certification, Microsoft Certified Professional plus Internet (MCP)
- 13 • 1998 – Certified Novell Administrator (CNA)
- 14 • Lifetime Member, Air Force Sergeants Association

SHIRLEY A. MOODY, CPC
CLAIMS/ENCOUNTERS ADMINISTRATOR
(Claims Manager)

SUMMARY OF QUALIFICATIONS

Certified Professional Coder with 27 years of experience in the health care industry exercising judgment and decision making regarding claims and encounters. Responsible for ensuring accurate and timely submissions processing and adjudication of all claims and encounters. Areas of expertise include: International Classification of Diseases 9th Revision (ICD9), Healthcare Common Procedure Coding System (HCPSCS), and adjudication of PPO, HMO and AHCCCS claims.

EDUCATION

1984 – Business Administration, South Suburban College, South Holland, Illinois

PROFESSIONAL EXPERIENCE

Claims Manager, CPSA, Tucson, AZ **September 2004 – Present**
Title change only. Duties remain as outlined below.

Claims/Encounter Coordinator, CPSA, Tucson, AZ **March 2002 – September 2004**
Oversee the claims/encounter operation for behavioral health TXIX, Non-TXIX and TXXI individuals assigned to CPSA. Ensure accurate and timely submission requirements of claims and encounters. Manage the day-to-day performance of the claims data entry and adjudication process including resolution of rejected and pended encounters. Provide technical assistance to contracted provider Networks, monitor, and communicate business policy requirements. Evaluate and monitor claims processing, initiate action plans, develop, maintain and bring to closure work-plans to resolve issues.

Manager of Claims Operations, Health Net of Arizona, Tucson, AZ **August 1999 – July 2001**
Managed day-to-day performance of claims adjudication for multiple lines of business (PPO, HMO, SeniorCare). Ensured compliance standards were maintained in addition to accuracy and timeliness. Managed and evaluated performance, including corrective action if needed of department staff consisting of researchers, claim examiners and supervisors. Attended Joint Operations Committee meetings with contracted providers on an as needed basis to identify and remedy issues related to claims processing. Outlined long term as well as short term planning to achieve department objectives. Reviewed and analyzed reports relative to monitoring the adjudication process. Identified and documented barriers resulting in claims aging. Maintained open communication with all departments affecting the claims administration process (data management, provider relations, customer service, medical claims review, Medicare compliance, contracting and utilization review).

Manager of Claims Operations, Carondelet Health Network, Tucson, AZ **July 1997 – March 1998**
Managed the overall performance of the claims administration function of the organization. Directed planning of the Claims Department to ensure accurate and timely claims and capitation payment procedures to contracted providers. Managed the day-to-day claims administration process in order to assure that routine operations and strategic plan objectives were carried out. Managed and evaluated the performance of all department staff. Developed appropriate written policies and procedures to ensure effectiveness and accuracy of all departmental functions. Conducted all recruitment efforts for claims personnel. Managed the activities of the Recovery Department to maximize appropriate recovery of dollars, coordination of benefit functions, communication with reinsurance carriers and compliance with health plan and regulatory agencies. Ensured compliance with all contracted health plan delegation policies.

Supervisor, Foundation Health Corporation, Tucson, AZ **August 1995 – June 1996**
Supervised the operation of assigned units to ensure standards of quality and efficiency in the adjudication of group health, dental and disability claims. Distributed of workload to maintain service standards and professionalism providing quality service to clients. Researched problems in cooperation with sales, attorneys, etc., to resolve claim issues. Developed, motivated and trained staff. Prepared reviews and reports.

Medical Transcription, Thomas Davis Medical Center, Tucson, AZ **1995 – 1996**
Interpreted and transcribed dictation by physicians and other healthcare professionals regarding patient assessment, workup, therapeutic procedures, clinical course, diagnosis and prognosis in order to document patient care and facilitate delivery of healthcare services. Interpreted and transcribed by Dictaphone and the Lanier system.

GSA 3/GSA 5

Supervisor of Training, Foundation Health Corporation, Tucson, AZ November 1994 – August 1995

Evaluated new and existing training materials. Ensured staff received all changes and additions to the procedures incorporated. Identified training needs. Conducted formal classroom training to support government training cycles. Monitored all procedural and administrative changes to ensure training was consistent with policy provisions. Planned, organized and developed material to train claims and non-claims personnel on all aspects of processing.

Benefit Advisor/Medical Claims Review, CASI & Prudential Insurance, Tucson, AZ 1991 – 1993

Provided detailed review of medical, dental and disability claim referrals involving adjudication, benefit interpretation and application of appropriate allowance by validation of documentation. Researched complex claim referrals which exceeded normal parameters. Made sound claim determinations assuring all benefit decisions were based on plan provisions and HCFA Regulations as applicable. Liaison with home office, Medical Director, Legal Department and consultants. Reviewed claim documentation consisting of medical records and operative reports. Utilized reference tools, ICD-9 and HCPCS. Demonstrated effective written and oral communication.

Trainer, CASI & Prudential Insurance, Tucson, AZ 1986 – 1990

Trained individuals in a classroom setting as well as one-on-one in the adjudication of health, dental and disability claims. Instructed proper grammar usage and letter format.

Auditor, CASI & Great West Life, Tucson, AZ 1981 – 1985

Pre- and post-disbursement audits conducted for verification of correct adjudication of benefits according to plan provisions. Validated and documented findings and recommended appropriate plan of action for noncompliance. Reported audit findings, accuracy, timeliness and financial percentages. Traveled to company sites in various states to conduct audits ensuring consistency of guidelines. Identified areas requiring training, provided monthly feedback and reports.

Claims Analyst, Prudential Insurance, Matteson, IL 1977 – 1980

Adjudicated health, dental and disability claims on various contracts regardless of complexity. Achieved and maintained productivity and quality standards. Documented information related to the handling of all claims. Obtained required data necessary to adjudicate the claim as well as follow-up procedures.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2001 – Certification, Certified Procedural Coder (CPC), American Academy of Professional Coders

ABBREVIATED JOB DESCRIPTION
GRIEVANCE AND APPEALS ADMINISTRATOR
(Grievance and Appeals Supervisor)

GENERAL DESCRIPTION OF RESPONSIBILITIES

Responsible for the oversight and processing of all member grievances, appeals, and provider claim disputes. Duties include the receipt, evaluation, monitoring, timely review, investigation and equitable resolution of member grievances and provider's appeals in accordance with CPSA, State and Federal requirements, policies, procedures and guidelines.

MINIMUM QUALIFICATIONS

- Legal background required with experience in a medical or behavioral health system.
- Legal background may include a licensed attorney, law degree, or certified Paralegal in the State of Arizona.
- Must be able to obtain full fingerprint certification, CPR certification and First Aid certification.

DUTIES AND RESPONSIBILITIES

1. Receive and evaluate adult/SMI grievances and appeals, children's appeals and provider's appeals.
2. Based on evaluation, ensure that grievance and appeals processes are implemented and utilized in accordance with ADHS/DBHS guidelines. Mediate or facilitate the resolution of appeals regarding treatment services.
3. Conduct investigations of grievances and provider appeals, including completion of written reports and recommendations to the CEO or designee.
4. Provide consultative services, training, and technical assistance to CPSA staff, service provider staff, adult and children members, family members and related groups.
5. Participate in the development and maintenance of monitoring and evaluation activities of the grievance process for adults and the appeals process for adults, children and providers.
6. Establish and maintain liaison relationships with family, member and community groups.
7. Assist and participate in the identification and implementation of training activities for CPSA and service provider staff, develops training materials and conducts trainings.
8. Represent CPSA at State and Regional meetings, as requested, including statewide associations, task forces, advisory committees, and other governmental jurisdictions.
9. Serve as liaison to ADHS/DBHS Office of Grievance and Appeals.
10. Supervise staff in Office of Grievance and Appeals.
11. Perform other duties as assigned.

MÉR OTIS, J.D., M.A.
CORPORATE COMPLIANCE OFFICER
(Compliance Program Coordinator)

SUMMARY OF QUALIFICATIONS

Behavioral health professional with 15 years of clinical and administrative experience in public sector behavioral health services. Ten years experience with diverse cultural and ethnic groups, establishing and administering programs for indigenous populations and specialty sub-groups. Responsible for oversight, administration and implementation of the RBHA's Fraud and Abuse and Corporate Compliance Programs.

EDUCATION

2000 – J.D., Western New England School of Law, Springfield, Massachusetts

1992 – M.A., Clinical Psychology, California School of Professional Psychology, San Diego, California

1990 – B.A., Behavioral Science, National University, San Diego, California

PROFESSIONAL EXPERIENCE

Compliance Program Coordinator, CPSA, Tucson, AZ **August 2000 – Present**

Responsible for organizational ethics and compliance efforts of the Regional Behavioral Health Authority (RBHA), a regulatory body covering 26,000 plus lives. Oversee federal privacy law compliance for agency and provider Network with responsibility for program development, implementation, risk assessments and ongoing monitoring. Provide technical assistance and consultation to agency and provider Network on information privacy and access to protected health information. Responsible for maintaining, monitoring and evaluating fraud and abuse program including policies and procedures and tracking systems. Conduct grievance and appeal investigations and mediations. Provide regional trainings on ethics, compliance, confidentiality, client rights, and fraud and abuse.

Project Manager, Clinical & Support Options, Inc., Greenfield, MA **August 1997 – May 2000**

Developed and implemented state-contracted behavioral health program with oversight of programmatic structure, referral network, reimbursement schedule, information technology, individual and group counseling/therapy, skills workshops, community access, recruitment, supervision, and training. Provided individual client advocacy for safe housing, support services, benefit acquisition, and human rights. Developed agency fraud and abuse compliance program in conjunction with other senior executive staff. Supervised data collection, analysis, and report writing for state health departments, probation department, quality assurance boards, and agency chairman. Participated in strategic planning efforts, interagency coordination, and resource development.

Clinical Specialist, Hillcrest Educational Centers, Inc., Pittsfield, MA **June 1996 – August 1997**

Delivered clinical psychology services to adjudicated adolescent male sex offenders in restrictive placement. Administered diagnostic assessments, formulated individualized service plans, conducted group and individual psychotherapy, monitored interagency coordination, and community reintegration efforts. Provided victim advocacy in conjunction with offender accountability and rehabilitation. Accountable to inter-state probation departments and judiciaries for compliance with court-ordered treatment. Acted as program representative to legal consortiums on Sex Offender Registration and Notification Act issues.

Program Director, Waianae Coast Community Mental Center Inc., Waianae, HI **June 1994 – April 1996**

Provided overall direction for operations and activities of state-contracted behavioral health program. Participated in strategic planning efforts, program development, change management, and external provider contracting. Directed development and administration of program evaluation and quality assurance measures for funding sources and agency Board of Directors. Recruited and supervised staff of case managers, nurses, clinical therapists, and psychiatrists. Conducted data collection, analysis, and report generation. Represented agency to Hawaii Paroling Authority in conducting risk assessments of forensic clients. Constructed and implemented consumer driven service planning model and paraprofessional case management model. Represented program services/agency in accreditation surveys.

Associate Program Director, Progress Foundation – Laurel House, Napa, CA **December 1992 – January 1994**

Managed operations of residential treatment facility for behavioral health population including conditionally released forensic clients. Recruited and supervised mental health workers. Provided individual and group counseling. Contributed to program development efforts.

RICHARD R. WILSON, B.S.
COOL PROGRAM ADMINISTRATOR
(Criminal Justice Supervisor)

SUMMARY OF QUALIFICATIONS

Seven years experience as liaison between behavioral health and criminal justice systems. Four years as the CPSA COOL program administrator with responsibility as single point of contact for DHS, parole and local agencies. Four years experience in residential/detention line and management functions. Sixteen years experience in Court Management.

EDUCATION

1969 – B.S., Public Administration, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Criminal Justice Supervisor, CPSA, Tucson, AZ **2000 – Present**

Promote Jail Diversion concepts and programs for persons with Serious Mental Illness (SMI). Supervise CPSA staff assigned to Superior Court, Justice Court, City Court and Pima County Jail and ADC COOL program. Facilitate the continuum of care for CPSA members in the Adult Criminal Justice System.

Placement Unit Supervisor, Pima County Juvenile Court/Probation, Tucson, AZ **June 1997 – June 2000**

Managed \$4 million of the annual state treatment funds in three different budgets. Screened/triaged and referred probationers and families to treatment providers. Directed the weekly internal and interagency case-staffing program. Provided needs assessment and participated in state contracting process.

Assistant Division Manager, Pima County Juvenile Court/Probation, Tucson, AZ **April 1995 – May 1997**

Established detention staff training program and function. Established detention “treatment” programs. Revised and updated the detention officer selection process.

Court Services Director, Pima County Juvenile Court/Probation, Tucson AZ **January 1979 – March 1995**

Managed agency of 300 plus staff and \$15 million in Federal, State and County funds. Initiated/created the agency mission, facilities master planning process, HR Department including merit system, personnel policies, and classifications. Facilitated and implemented an automation system, research function, prevention/diversion, public relations function, CASA community advisory board, teen court, JIPS, sex offender program, community service, restitution and home detention education programs.

Detention/Probation Officer & Supervisor, Pima County Juvenile Court/Probation, Tucson, AZ **1968 – 1978**

Supervised detention, probation, prevention and investigation units.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2001 to Present – American Corrections Association
- 2001 to Present – American Probation and Parole Association
- 1985 to 1995 – American Corrections Association
- 1985 to 1995 – American Probation and Parole Association
- 1982 to 1995 – National Council of Family and Juvenile Court Judges Association

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- 2003 to Present – Arizona Supreme Court/AOC Committee on Probation
- 2000 to Present – Arizona Council Offenders with Mental Impairments
- 2000 to Present – Member/Co-Chair Pima County Forensic Task Force
- 1995 to Present – Edge Charter School Board of Directors
- 1990 to 2001 – Youth Partnership Board of Directors

CHERIE RYERSON GLENN, M.S.W., L.C.S.W.
AHCCCS ELIGIBILITY LIAISON
(Provider Support Manager)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with 18 years of clinical and administrative experience in Arizona public sector managed care behavioral health services. Currently holds the position as Clinical Operations Manager of Community Partnership of Southern Arizona (CPSA) providing oversight of AHCCCS eligibility, screening and referral requirements, as well as serving as primary point of contact for outside agencies.

EDUCATION

1986 – M.S.W., Social Work, Arizona State University, Tempe, Arizona
1972 – B.A., Anthropology/History, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Provider Support Manager, CPSA, Tucson, AZ **September 2004 – Present**
Title change only. Duties remain as outlined below.

Clinical Operations Manager, CPSA, Tucson, AZ **July 2001 – September 2004**
Responsible for developing, implementing and coordinating the CPSA utilization management system to improve service utilization. Ensure referral, enrollment and closure processes and outcomes.

Utilization Management Manager, CPSA, Tucson, AZ **July 1999 – June 2001**
Managed the implementation of the managed care organization and provider Network utilization management programs.

Utilization Management Coordinator, CPSA, Tucson, AZ **July 1998 – June 1999**
Coordinated the behavioral health managed care organization utilization management program.

Senior Utilization Review Specialist, CPSA, Tucson, AZ **July 1996 – June 1998**
Monitored utilization and implemented the written Utilization Management Plan for the Regional Behavioral Health Authority.

Utilization Review Specialist, CPSA, Tucson, AZ **June 1995 – June 1996**
Conducted utilization review activities, including prior authorization, continued stay and retrospective case review, coordination of care and monitoring of Regional Behavioral Health system utilization.

Intake Manager, Arizona Center for Clinical Management, Tucson, AZ **July 1992 – June 1995**
Monitored and implemented enrollment and eligibility for Regional Behavioral Health system.

Utilization Management Director, ADAPT, Tucson, AZ **January 1991 – June 1992**
Implemented utilization management program for adults receiving Regional Behavioral Health services. Coordinated the Title XIX pilot program for young adults.

Program Director, Kino Community Hospital, Tucson, AZ **January 1991 – June 1992**
Directed and implemented the managed care pilot program for persons with Serious Mental Illness in Pima County.

Mental Health Team Supervisor, Kino Community Hospital, Tucson, AZ **August 1986 – August 1987**
Coordinated multidisciplinary clinical team in providing hospital discharge planning and community based services to mentally ill persons.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS:

- 2004 to Present – Licensed Clinical Social Worker, Board of Behavioral Health Examiners (LCSW-2552)
- 1999 to 2004 – Certification, Certified Independent Social Worker, Board of Behavioral Health Examiners (SW-2552I)
- 1997 to Present – Certified Professional in Healthcare Quality, Healthcare Quality Certification Board (CPHQ#8104)
- 1986 – Certified Master in Social Work, Arizona Department of Health Services

PATRICIA SOTO, M.S.W.
ARIZONA STATE HOSPITAL LIAISON
(Member Services Specialist)

SUMMARY OF QUALIFICATIONS

Clinical Social Worker with 20 years of clinical and teaching experience in public sector behavioral health services including nine years in a University Hospital (medical and behavioral health). Currently serves as Liaison to the Arizona State Hospital regarding coordination of admission, care and discharge, and T-36 Court commitments.

EDUCATION

1990 – M.S.W., Social Work, Arizona State University, Tempe, Arizona
1986 – B.A., Psychology, University of Arizona, Tucson, Arizona

PROFESSIONAL EXPERIENCE

Member Services Specialist, CPSA, Tucson, AZ **November 2002 – Present**

Provide clinical consultation, technical assistance to Network providers. Serves as T-36 and Arizona State Hospital Liaison to coordinate services and monitor admissions. Investigate Problem Resolutions from DBHS, and assist in resolving complaints submitted by members. Coordinate training regarding T-36 and GEI issues. Develop protocols for admission to the Arizona State Hospital, and T-36 procedures.

Clinical Social Worker, Tucson Heart Hospital, Tucson, AZ **February 2001 – October 2002**

Provided case management and utilization review. Conducted psychiatric evaluations for the emergency room and inpatient units. Developed protocols for behavioral health patients and instructed educational classes for staff.

Clinical Social Worker, University Medical Center, Tucson, AZ **October 1992 – February 2001**

Provided psychosocial assessments of patients (pediatrics/adults) seeking heart/lung transplant. Provided ongoing emotional support and coordination of services both inpatient and outpatient. Facilitated groups regarding various aspects for transplant. Developed Mentor Program to provide peer counseling. Provided clinical assessments for other areas of the hospital.

Independent Consultant, Tucson Heart Hospital, Tucson, AZ **February 1991 – April 1993**

Conducted psychiatric evaluations, counseling, and crisis intervention. Developed procedures and policies for social work intervention and documentation of domestic violence, adult, and child abuse.

Mental Health Clinician, Arizona Center for Clinical Mgmt., Tucson, AZ **July 1990 – October 1992**

Conducted psychiatric evaluations on referrals to ACCM, prototyped results from evaluations, and assigned referrals to appropriate teams. Developed psychiatric rating scales, decision trees, and evaluation packets.

Crisis Specialist, Kino Community Hospital, Tucson, AZ **May 1989 – July 1990**

Worked on a mobile team, providing crisis intervention, psychiatric evaluation for Pima County in conjunction with Tucson Police Department. Included rotation through the emergency room at Kino Community Hospital. Conducted psychiatric evaluations, brief counseling (individual and family), education, and facilitated referrals to appropriate agencies.

Counselor I (Pilot Project), La Frontera Inc., Tucson, AZ **October 1986 – May 1989**

Provided case management services for 25 clients diagnosed with mental illness, including crisis intervention. Developed social and support groups and monitored accounting transactions and client medical records.

Counselor I (Follow-up Team), La Frontera Inc., Tucson, AZ **October 1986 – October 1987**

Provided outreach services to clients, including community networking and case management services for 45 clients. Developed goals and objectives for the Activity Program drop-in center and La Llave group home. Developed a program to include jobs and responsibilities for clients.

CYNTHIA R. GREER, M.S.W., L.C.S.W.
INTERAGENCY LIAISON
(Children's Network Manager)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with thirteen years of experience in the behavioral health field. Areas of responsibility include oversight and coordination of collaborative grants, and coordination of care between the behavioral health system, DES/CPS, and other agencies. Ten years of experience working with children and families involved with state agencies. Experience in program development and clinical supervision. Areas of clinical specialty include children with sexual abuse issues and families involved with DES and domestic violence. Had oversight of a non-profit agency with a focus on building relationships with system partners in the adult and children's systems.

EDUCATION

1995 – M.S.W., Social Work, Kent School of Social Work, University of Louisville, Louisville, Kentucky
1991 – B.S., Human Services, Lindsey Wilson College, Columbia, Kentucky

PROFESSIONAL EXPERIENCE

Children's Network Manager, CPSA, Tucson, AZ **August 2004 – Present**

Responsible for oversight of the children's behavioral health system in Pima, Cochise, Santa Cruz, Graham and Greenlee counties. Provide coordination and collaboration with state agencies and system partners. Project Director for a system of care federal grant related to children's program development. Provide technical assistance and monitoring to Network providers and all children's initiatives. Provide guidance to the development of the birth to four, CPS 24-hour urgent response and the implementation of the Child and Family Teams. Ensure system reform related to the Arizona Vision and Principles.

Children's Services Specialist, CPSA, Tucson, AZ **August 2002 – July 2004**

Provided technical assistance and program oversight to Network providers in rural and urban areas. Provided leadership to the children's behavioral health systems and assisted with training, and coaching of new staff. Provided oversight of programs and services including, implementation of the Arizona Vision and Principles, Child and Family teams, children birth to four, and family involvement.

Executive Director,
National Alliance for the Mentally Ill of So. Arizona, Tucson, AZ **September 1999 – August 2002**

Directed the day-to-day operations, new program development, and finances of the organization. Provided collaboration with the mental health, legal and educational communities. Doubled the operational budget and increased new programming by 50% and increased staff positions by 75%. Worked with staff and volunteers to provide advocacy, support and education to consumers and families of children and adults impacted by mental illness. Served both as Executive Director and Development Director. Collaborated with community agencies to develop new family education programs and provide outreach to the Hispanic community. Provided training to staff and volunteers and served on several CPSA committees.

Adjunct Professor, Pima Community College, Tucson, AZ **August 2000 – December 2001**

Taught social service classes. Prepared lectures, recruited community presenters and evaluated all class work. Worked individually with students who needed extra assistance.

Wraparound Coordinator, Seven County Services, Louisville, KY **February 1998 – August 1999**

Had oversight for all aspects of county program which serve severely emotionally disabled children. Responsibilities included: facilitation of referrals, service team development, completion of a comprehensive and holistic assessment, development of a service plan, identification and monitoring of services, supervision of staff, individual child proposals and initiating and maintaining ongoing collaboration between service providers.

Senior Mental Health Provider, Seven County Services, Louisville, KY **August 1997 – January 1999**

Provided in-home individual and family therapy to children who were at-risk of removal from their homes. Assisted with the development of treatment plans and ongoing clinical needs for the affected families.

Social Worker, Jones, Nale & Mattingly, PLC, Louisville, KY **August 1997 – February 1998**

Developed, implemented and marketed OmniCare comprehensive family resource, management and assurance program.

GSA 3/GSA 5

Local Resource Coordinator, Seven County Services, Louisville, KY August 1995 – August 1997

Provided supervision to bachelor's and master's level service coordinators. Supervised 60 part-time staff members. Developed and implemented parent support groups and psycho-educational groups for parents with severely emotionally disabled children. Initiated the development and implementation of a summer program for IMPACT families. Screened referrals, collaborated with service agencies and acted as a liaison between Seven Counties Services and the Regional Interagency Council.

Sr. Service Coordinator, Seven Counties Services, Inc., Louisville, KY May 1993 – August 1995

Provided service coordination and case management services to severely emotionally disabled children. Supervised part-time staff providing socialization and in-home therapy to children and their families. Coordinated services for 16 children as well as maintenance of case management charts. Provided a full assessment upon intake as well as ongoing assessments throughout the case. Served on several committees whose goal was to discover better ways to serve SED children.

Service Coordinator, Seven Counties Services, Inc., Louisville, KY November 1992 – May 1993

Developed and implemented a program for case management services to assist severely emotionally disabled children living in low income housing apartments. Worked directly with the children's service team to assist with linkage to necessary services. Assisted with obtaining appropriate referrals for children with dual diagnosis.

Counselor, Brooklawn Inc., Louisville, KY March 1992 – March 1994

Worked in a residential treatment facility for severely emotionally disabled boys aged 10-18 who displayed severe behavioral and/or emotional difficulties. Worked with the behavior modification system and provided assistance with recreational therapy, individual counseling, and crisis management intervention for the residents.

Service Coordinator, Communicare, Inc., Elizabethtown, KY May 1991 – November 1992

Provided service coordination and case management services to severely emotionally disabled children. Completed a full comprehensive needs assessment and service plan to assist with the specific needs of the child and family.

In-Home Therapist, Adanta Clinical Services, Columbia, KY December 1990 – May 1991

Provided socialization training and modeling for better communication skills on an individual basis for a severely emotionally disabled child. Provided behavior modification training and parental skills training.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2004 to Present – Licensed Clinical Social Worker, State of Arizona Board of Behavioral Health Examiners (LCSW-10151)

FRANK MCGINTY, M.S.W., L.C.S.W.
HEALTH PLAN LIAISON
(Member Services Supervisor)

SUMMARY OF QUALIFICATIONS

Licensed Clinical Social Worker with over 18 years experience in public and private mental health sectors. Currently serves as Supervisor in the Member Services Department for CPSA. Responsibilities include point of contact for coordination of care with AHCCCS Health Plans and supervision of CPSA's Member Advocates and Member Services Representatives. Fourteen years in Arizona behavioral health outpatient public sector and inpatient psychiatric settings. Served on the Board of Directors for an Arizona Women's Abuse Shelter and in San Francisco, Ca. for an Alcohol Awareness organization. Served as Assistant Director and responsible for assisting in the start up for a Tucson Hospital Geriatric Psychiatry unit. Assisted in the start-up of the Southern Arizona Behavioral Health and Aging Coalition and Steering Committee. Coordinated with 17 local agencies in 2003 to present a one day conference on Aging and Behavioral Health, attended by nearly 500 individuals from local agencies and the general public.

EDUCATION

1991 – M.S.W., Social Work, Arizona State University, Tempe, Arizona
1971 – B.A., Sociology, Randolph-Macon College, Ashland, Virginia

PROFESSIONAL EXPERIENCE

Member Services Supervisor, CPSA, Tucson, AZ **July 2001 – Present**

Supervisor of Member Services Representatives (MSR) and all MSR duties. Supervisor of Member Advocates. Responsible for supervision of all provider and Inter-RBHA member transitions. Responsible for supervision of MSR referrals for Arizona Families First (AFF). Work closely with all Member Services teams: Specialists, Utilization Review, Provider Service Representatives. Interview and recommend applicants for employment. Establish performance and accountability standards for subordinate employees. Assist with the resolution of member complaints. Recommend revisions to CPSA operational policies, standards and team procedures. Participate in the creation and maintenance of MSR desktop manual. Assist in the identification, development and implementation of CPSA trainings for Network providers and the general community. Responsible for four specific CPSA trainings. Provide technical assistance and resource information to CPSA Providers and the general community.

Assistant Program Director,

Horizons Mental Health Management, Lewisville, TX **August 2000 – July 2001**

Worked with Horizons Mental Health to provide management for geriatric psychiatry unit at Kino Community Hospital. Under guidance of Program Director, provided clinical supervision of all unit programming and staff. Hired, trained and supervised all unit social work staff. Carried own caseload, providing clinical assessment, diagnostics, treatment planning, and discharge planning. Worked with state organizations, in multiple counties, to arrange admissions and discharges. Maintained all patient treatment plans and assisted Program Director with charts and chart audits.

Behavioral Health Coordinator,

University Physicians/University Family Care, Tucson, AZ **December 1999 – August 2000**

Worked under the Office of Managed Care to provide and coordinate behavioral health benefits for all University Family Care AHCCCS plan members. Acted as liaison between the plan, the Regional Behavioral Health Authority (CPSA) and plan Providers. Provided utilization review for all plan members hospitalized in psychiatric settings. Had responsibility for case management and case coordination for premium sharing members. Maintained department statistics, records, policies and procedures. Served as primary plan contact and liaison for all community behavioral health resources (ALTCS, doctors, hospitals, nursing homes, and other agencies).

Clinical Supervisor/Psychiatric Services,

Kino Community Hospital, Tucson, AZ **September 1994 – December 1999**

Provided clinical supervision and training to psychiatric unit social workers. Provided social work services to general mental health and seriously mentally ill populations. Primary responsibilities included initial clinical intake assessment, diagnostics, treatment planning and discharge planning. Worked with county, city and state agencies including social service agencies, mental health agencies, public fiduciaries, hospitals, nursing homes, schools, DES/DDD, Child/Adult Protective Services, AHCCCS, ALTCS, and the court system. Provided in-depth clinical counseling with individuals and

GSA 3/GSA 5

their families. Facilitated multi-agency staffings. Coordinated and testified at Title-36 (mental health) and Title XIV (medical) proceedings.

Officer of the Board of Directors (Volunteer) Brewster Center, Tucson, AZ 1992 – 1994

Responsibilities included community outreach, volunteer retention, fund-raising, establishing support networks (Speakers' Bureau), community development, developing quarterly newsletter, planning & implementing policy regarding domestic violence. Participated in the development of personnel structure including preparing employee handbooks.

Mental Health Clinician, Arizona Center for Clinical Mgmt., Tucson, AZ September 1993 – September 1994

Provided clinical case management services to mentally ill individuals and their families. Provided intake and ongoing clinical assessment, direct in-depth counseling, and crisis intervention in hospitals, institutions and community settings. Provided resource referrals to the community including residential care, day programs and vocational rehabilitation.

Adult Family Counselor/Case Coordinator, Sierra Tucson, Tucson, AZ July 1991 – September 1993

Provided individual/family counseling and intervention in areas of addiction, dysfunctional family dynamics and mental health. Facilitated primary therapy groups and family groups. Provided training for the sexual recovery program and facilitated sexual recovery therapy groups. Lectured to large audiences on intergenerational family characteristics, shame and boundary setting. Provided continuity of care at Sierra Tucson, as well as facilitated interface with insurance companies (managed care/utilization review).

Internship, Family Service Agency, Phoenix, AZ September 1990 – May 1991

Counseled individuals, couples and families with an emphasis on client strengths, self-empowerment and boundary setting. Responsible for assessments, diagnosis, treatment planning and intervention.

Internship, New Arizona Family, Phoenix AZ January 1990 – September 1990

Provided individual and group sessions in therapeutic community system, including addiction intervention for individuals who have habitually failed in other treatment settings. Educated client groups in addiction, relapse, child abuse and daily living skills.

Officer of the Board of Directors, Alcohol Awareness, Inc., San Francisco, CA 1984 – 1986

Published community newsletter; promoted speaker seminars; presented the "Right Choices" curriculum designed to educate grades K-12 in responsible decision-making. Volunteer organization dedicated to raising public awareness to the consequences of addiction.

Recreation Therapist, Dept. of Recreation and Parks, Richmond, VA 1971 – 1974

Planned, organized and directed recreational programs in community locations for physically and developmentally disabled children, adolescents and adults.

Drama Instructor (Volunteer) Virginia State Penitentiary, Richmond, VA 1973 – 1975

Taught drama to the general prison population and the production of live stage entertainment for the penitentiary and the general public.

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 2004 to Present – Licensed Certified Social Worker, State of Arizona Board of Behavioral Health Examiners (LCSW-2927)

SUZANNE HODGES, J.D.
POLICY LIAISON
(Legal Counsel)

SUMMARY OF QUALIFICATIONS

Knowledge of and experience in interpreting and applying State and Federal laws, rules and policies governing provision of public behavioral health services. Over twelve years experience in drafting policies and procedures and facilitating their review, adoption and implementation. CPSA's primary contact person for the ADHS/DBHS Policy Office since 1995.

EDUCATION

1979 – J.D., Emory University School of Law, Atlanta, Georgia

1975 – B.A., English/American Studies, University of Virginia, Charlottesville, Virginia

PROFESSIONAL EXPERIENCE

Legal Counsel, CPSA, Tucson, AZ July 1995 – Present

In-house legal counsel for the Community Partnership of Southern Arizona, the Regional Behavioral Health Authority with oversight of behavioral health care in the five counties of southern and southeastern Arizona.

Legal Counsel, Arizona Center for Clinical Management, Tucson, AZ October 1992 – July 1995

Provided in-house legal counsel for the Arizona Center for Clinical Management, the Regional Behavioral Health Authority responsible for coordination and provision of behavioral health services in Pima County, Arizona.

Deputy County Attorney, Pima County Attorney's Office, Tucson, AZ October 1986 – October 1992

Served as Deputy County Attorney, Civil Division, Pima County Attorney's Office with focus on health care law. Provided legal representation to Kino Community Hospital, Pima Health System, Pima Long Term Care, Pima Department of Medical Assistance and Pima Social Behavioral Health Services.

Deputy County Attorney,

Civil Division, Cochise County Attorney's Office, Bisbee, AZ

June 1985 – October 1986

Served as Deputy County Attorney, Civil Division, Cochise County Attorney's Office with general civil practice concentrating in health care law, contracts, construction litigation and support enforcement.

Legal Assistant, Jones, Dickerman, Nuckolls, Edwards & Smith, Tucson, AZ

June 1983 – June 1985

Legal Assistant to the law firm of Jones, Dickerman, Nuckolls, Edwards & Smith, P.C. Served as the assistant to the attorney representing Tucson Medical Center in its transactions with state Medicaid and county indigent medical programs. Experience in commercial lease, contract and personal injury litigation.

Political Science Instructor,

College of the Redwoods, Fort Bragg, CA

February 1980 – February 1983

Legal Consultant, Georgia Department of Human Resources, Atlanta, GA

June 1978 – June 1979

Vista Volunteer, Offender Aid and Restoration, Charlottesville, VA

June 1975 – June 1976

CREDENTIALS/LICENSURE/PROFESSIONAL ORGANIZATIONS

- 1985 to Present - Licensure, State Bar of Arizona (#010004)

SUMMARY OF RELATED PROFESSIONAL ACTIVITIES

- Contributing author. 2002. *A Sourcebook for Families Coping with Mental Illness*. McMurtry Publishing Inc.

GSA 3

1-i. Subcontracted Management Services

CPSA currently has subcontracts with two management services, Medilert-IRIS and SXC Health Solutions, Inc., serving GSA 3. CPSA intends to continue these subcontracting arrangements. Information on Medilert-IRIS and SXC Health Solutions is provided on the following pages.

GSA 3

MEDILERT – IRIS

1. Medilert-IRIS

P.O. Box 42930

Phoenix, AZ 85080-2930

1-800-846-1351

2. Medilert-IRIS is a division of Castlemark Corporation domiciled in Nevada, and was incorporated in Arizona in 1986.

3. Medilert-IRIS is and will be subcontracted to conduct credentialing and recredentialing primary source verification within NCQA and JCAHO guidelines resulting in prompt and superior data integrity. Through this arrangement, CPSA receives high quality, professional verification of credentials in a timely manner. This allows CPSA to contract readily with professionals who are appropriately credentialed to meet service delivery needs.

4. The positions and hours required annually under this subcontract are those necessary to fulfill the subcontract performance specified above.

5. The compensation arrangement is based on a flat rate for credentialing and recredentialing reports generated by Medilert-Iris as well as an application processing fee per application. The specific payment arrangements are included as Exhibits A, B, and C of the Agreement between CPSA and Medilert-IRIS, which is attached following the attestation. The total annual compensation provided to Medilert-IRIS in Fiscal Year 2004 was \$3,108.00.

6. CPSA employs a Quality Management Coordinator who is the lead on interactions with Medilert-IRIS and is responsible for reviewing the performance of Medilert-IRIS. Weekly status reports of applications in process and pending are received from Medilert-IRIS and monitored for progression. In addition, Medilert-IRIS works cooperatively to identify providers who potentially are due for recredentialing. The Quality Management Coordinator also reconciles Medilert-IRIS invoices to ensure that completed verifications have been received for all providers listed on the invoice. Finally, the Quality Management Coordinator is responsible for review of the verification reports sent on each provider.

7. Attestation follows this narrative.

ATTESTATION

I hereby attest that Medilert-IRIS has never been suspended or excluded from any federal program.

This statement is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately make this statement might result in termination of agreements held with Community Partnership of Southern Arizona and denial of future contracting requests.

Sharlee LeBleu

Sharlee LeBleu, CPCS
Director of Credentialing

9.3.04

Date


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Medilert-IRIS™
 Your complete source for credentialing
P.O. Box 42930
Phoenix, AZ 85080-2930

Ph 1-800-846-1351
Fax 1-800-765-4814

AGREEMENT

This AGREEMENT is made and entered into this first day of July, 2004 by and between COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA ("CPSA") and MEDILERT-IRIS ("MEDILERT"). This agreement will expire at 5:00 p.m. MST June 30, 2006.

The parties hereto agree as follows:

1. CPSA may, at its sole discretion, submit requests to MEDILERT to conduct primary source verification, known as the "IRIS" credentialing report and/or recredentialing. CPSA will provide to MEDILERT either 1.) a photocopy of a completed practitioner application, resume and/or curriculum vitae and a signed liability release dated within the past twelve months for each IRIS credentialing and/or recredentialing report requested on a medical professional or 2.) the name, address, telephone number, fax number and specialty of each practitioner for which a IRIS credentialing and/or recredentialing report is requested on a medical professional.
2. MEDILERT will conduct primary source verification for the creation of an original IRIS credentialing report in the following areas:
 1. Professional Degree
 - Primary source verification from appropriate education institution in writing or by telephone
 2. Internship(s)
 - Primary source verification from appropriate internship institution in writing or by telephone
 3. Residency(Residencies)
 - Primary source verification from appropriate residency institution(s) in writing or by telephone
 4. Fellowship(s)
 - Primary source verification from appropriate fellowship institution(s) in writing or by telephone
 5. Current staff affiliations
 - Primary source verification from medical staff office of health care entity/entities in writing or by telephone
 6. Current and previous valid licensure
 - Primary source verification from appropriate state licensing board(s) in writing or by telephone
 7. Board Certification, if applicable
 - Entry in the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA) OR

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- Primary source verification from appropriate specialty board in writing or by telephone
 - 8. Current malpractice liability insurance and claims history
 - Primary source verification from malpractice liability carrier including dates, coverage amounts and five-year (5) claims history, if available, in writing or by telephone OR
 - Certificate of Insurance photocopy from practitioner
 - 9. Professional references (maximum of three)
 - Primary source verification from professional references in writing
 - 10. Department of Health and Human (DHHS) Services Medicare/Medicaid status
 - Primary source verification through DHHS Cumulative Sanction Report
 - 11. Valid Drug Enforcement Agency (DEA) certificate
 - DEA record of certification through National Technical Information Service (NTIS) database OR
 - Photocopy of DEA certificate
 - 12. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
 - Primary source verification from appropriate state licensure board(s) in writing or by telephone
 - 13. National Practitioner Data Bank (NPDB) report
 - Primary source verification report from the NPDB
 - 14. Educational Commission for Foreign Medical Graduates (ECFMG), if applicable
 - Primary source verification from the ECFMG
 - 15. Professional employment history (maximum of ten (10) years)
 - Primary source verification from each employer in writing or by telephone
3. MEDILERT will conduct primary source verification for the creation of an original *IRIS* recredentialing report in the following areas:
- 1. Current staff affiliations
 - Primary source verification from medical staff office of health care entity/entities in writing or by telephone
 - 2. Current and previous (prior two years) valid licensure
 - Primary source verification from appropriate state licensing board(s) in writing or by telephone
 - 3. Board Certification, if applicable
 - Entry in the ABMS, AOA OR
 - Primary source verification from appropriate specialty board in writing or by telephone
 - 4. Current malpractice liability insurance and claims history
 - Primary source verification from malpractice liability carrier including dates, coverage amounts and claims history, if available, in writing or by telephone



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5. Professional references (maximum of three)
 - Primary source verification from professional references in writing
 6. DHHS Medicare/Medicaid status
 - Primary source verification through DHHS Cumulative Sanction Report
 7. Valid DEA certificate
 - DEA record of certification through NTIS database
 8. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
 - Primary source verification from appropriate state licensure board(s) in writing or by telephone
 9. NPDB report
 - Primary source verification report from the NPDB
 10. Professional employment history (prior two (2) years)
 - Primary source verification from each employer in writing or by telephone
4. Verification shall consist of confirming information submitted by each practitioner in connection with areas outlined above from primary sources of information in writing. MEDILERT will conduct the following series of requests for each report:
- a. MEDILERT will request written verification from primary sources for each appropriate confirmation area as listed in Exhibit A.
 - b. MEDILERT will conduct telephone verification prior to the issuance of an *IRIS* credentialing and/or recredentialing report to CPSA for those confirmation areas which no written response has yet been received or is unavailable in writing.
 - c. MEDILERT will conduct a *SECOND REQUEST* for written verification from primary sources within forty-five (45) calendar days after the initial written request for those areas for which a written response has not yet been received.

All information obtained pursuant to this Agreement shall be verified as prescribed by the most recent JCAHO guidelines as they pertain to credentialing.

5. CPSA has the option to avail themselves of any other MEDILERT services at their sole discretion at MEDILERT's current fee schedule.
6. MEDILERT agrees to issue an original *IRIS* credentialing and/or recredentialing report within forty-five (45) calendar days of the receipt of the original CPSA request. If the forty-fifth (45th) calendar day falls on a weekend or nationally recognized holiday, the *IRIS* credentialing reports will be sent on the next business day. Each report will summarize the results for primary source verification for areas listed under sections two (2) and/or three (3). The *IRIS* credentialing and/or recredentialing report will also provide a listing of any discrepancies found and photocopies of verification letters received at the time the report is sent. Any such letters of verification received after the *IRIS* credentialing and/or recredentialing report is sent will be forwarded to CPSA on an immediate basis.

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Ph 1-800-846-1351
Fax 1-800-765-4814

7. An original hard copy *IRIS* credentialing and/or recredentialing report shall be defined as a report issued to CPSA by MEDILERT on bond paper with burgundy text and graphics with report text in black Arial. It is further understood by both parties that completed *IRIS* credentialing and/or recredentialing reports are defined as reports sent to CPSA within the turnaround time stated in section six (6) and contain confirmation for verification areas that have been confirmed in writing and/or verbally at the time the *IRIS* credentialing and/or recredentialing report is sent to CPSA. Each page of each report shall be embossed in the lower right-hand corner with a seal indicating its authenticity. MEDILERT liability shall extend only to the information contained in an original hard copy *IRIS* credentialing and/or recredentialing report as defined in this section.
8. CPSA may request that MEDILERT transmit *IRIS* credentialing and/or recredentialing report information to CPSA electronically in a mutually acceptable format. MEDILERT does not accept any liability for how CPSA so chooses to distribute, alter, edit, delete or change in any form the data received electronically from MEDILERT. CPSA agrees to assume all liability upon receipt of an electronic data transmission from MEDILERT as to CPSA's choices to distribute, alter, edit, delete or change in any form the electronic data transmission received from MEDILERT. Fees in relationship to electronic data transfer are recorded in Exhibits A and B.
9. MEDILERT will provide application processing services to CPSA in addition to processing *IRIS* credentialing and/or recredentialing reports. MEDILERT will provide such functions as outlined in Exhibit C. MEDILERT will only provide such services as directed to do so by CPSA.
10. MEDILERT shall receive payment from CPSA in accordance with Exhibits A, B and C. An invoice will be issued by MEDILERT to CPSA on or about the first business day of each month for all *IRIS* credentialing and/or recredentialing reports completed within the preceding calendar month. CPSA agrees to render payment to MEDILERT within thirty (30) calendar days of the receipt of each invoice.
11. Each party agrees to pay their own shipping and mailing costs in association with the performance of this Agreement. Any items shipped or mailed by CPSA to MEDILERT will be paid for in full by CPSA and any items shipped or mailed by MEDILERT to CPSA will be paid for in full by MEDILERT.
12. Upon the completion of a mutually satisfactory Agreement signed by both parties MEDILERT will provide, upon request, verification to CPSA of an existing general liability and errors and omissions insurance policy with a minimum amount of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) in the aggregate.

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13. All *IRIS* credentialing and/or recredentialing reports sent to CPSA by MEDILERT will be the permanent physical and intellectual property of CPSA. Any work initiated by MEDILERT including correspondence, record maintenance, documents and software customization in the performance of this Agreement shall be the permanent physical and intellectual property of MEDILERT.
14. MEDILERT recognizes and acknowledges that it will have access to certain confidential information of CPSA. MEDILERT agrees to keep such information confidential and that such information provided to any person, firm, corporation, association or other entity for any reason or purpose whatsoever, except to authorized representatives of CPSA and except as may be required by applicable state or federal statute, rules or regulation or ordered by a court or a government agency, will be prohibited by this Agreement.
15. CPSA recognizes and acknowledges that it will have access to certain confidential information of MEDILERT. CPSA agrees to keep such information confidential and that such information provided to any person, firm, corporation, association or other entity for any reason or purpose whatsoever, except to authorized representatives of CPSA and except as may be required by applicable state or federal statute, rules or regulation or ordered by a court or a government agency, will be prohibited by this Agreement.
16. CPSA agrees not to sell MEDILERT *IRIS* credentialing and/or recredentialing reports or information to any entity. CPSA may provide MEDILERT data and reports to any healthcare entity contracted as part of its provider network or under common management or control with CPSA.
17. Each party agrees to indemnify, defend and hold the other party harmless from any claim, loss, damage, liability, suit, expense (including legal fees) or other action arising from the execution or performance of this Agreement, except to the extent any such claim, loss, damage, liability, suit, expense (including legal fees) or other action is caused by negligence of the other property.
18. MEDILERT's relationship to CPSA shall be that of an independent contractor. MEDILERT shall not have any claim against CPSA for vacation pay, sick leave, retirement benefits, social security, workman's compensation, disability or unemployment insurance benefits or employee benefits of any kind.
19. Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and sent certified or registered mail, as follows:

If to COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA
4575 E. Broadway
Tucson, AZ 85711

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P.O. Box 42930
Phoenix, AZ 85080-2930

Ph 1-800-846-1351
Fax 1-800-765-4814

If to MEDILERT-IRIS:

MEDILERT-IRIS
2501 W. Behrend Dr.
Suite 29
P.O. Box 42930
Phoenix, AZ 85080-2930

or at any other address as may be given by one party to the other party by notice in writing, pursuant to the provisions of this paragraph.

20. Both parties consent to lawful references to the other party in marketing, advertising, or informational efforts initiated by either party or any third party on behalf of either party.
21. Either party reserves the right to terminate this Agreement, with or without cause, upon sixty (60) days written notice to the other party.
22. *Force Majeure* provisions shall exist in this Agreement: Events outside the control of the contracting parties may prevent contractual obligations from being met. Events not limited to but including revolution, war, seizure of assets, embargoes, economic sanctions, geological and climatic disturbances and Acts of God, may make the fulfillment of obligations impossible, or severely delay its completion.
23. This Agreement shall be subject to and governed by the laws of the State of Arizona.
24. Unless otherwise agreed, either party must notify the other party in writing sixty (60) days prior to the inception of any proposed amendment to this Agreement including but not limited to required applicable guidelines on accreditation standards. The addition of credentialing standards and/or revisions that become part of any amendment to the Agreement may affect the fee of each *IRIS* credentialing and/or recredentialing report.
25. To the extent required by Section 1861 (v) (1) (I) of the Federal Social Security Act:

Until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, MEDILERT shall make available, upon written request, to the Comptroller General of the Department of Health and Human Services or any of their duly authorized representatives, this Agreement, or books, documents and records of MEDILERT that are necessary to certify the nature and extent of any costs claimed to Medicare with respect to the services provided under this Agreement.


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26. Dispute Resolution:


Good Faith Meeting. CPSA and MEDILERT agree to meet and confer in good faith to resolve any problems or disputes that may arise.

Dispute Resolution Process. Both parties commit to cooperate in good faith and to deal fairly in performing its duties under this Agreement in order to accomplish their mutual objectives and avoid disputes. But if a dispute arises, the parties agree to resolve all disputes by the following alternate dispute resolution process: (a) all disputes shall be resolved by binding arbitration, provided that during this process, (b) at the request of either party made no later than seventy-five (75) calendar days after the initial arbitration demand, the parties will attempt to resolve any dispute by nonbinding mediation (but without delaying the arbitration hearing date). The parties confirm that by agreeing to this alternate dispute resolution process, they intend to waive their right to have any dispute decided in a court by a judge or jury.

Arbitration Process. Unless another binding arbitration process is agreed to in writing by the parties, any claim between the parties, including but not limited to those arising out of or relating to this Agreement and any claim based on or rising from an alleged tort, shall be determined by arbitration in Phoenix, AZ commenced and administered by the American Arbitration Association under its Commercial Arbitration Rules, provided that the total award by a single arbitrator (as opposed to a majority of the arbitrators) shall not exceed \$250,000, including interest, attorneys' fees and costs. If either party demands a total award greater than \$250,000 there shall be three (3) neutral arbitrators. Neither CPSA nor MEDILERT may bring any action against the other party more than two (2) years after the acts or conduct giving rise to the dispute.

The arbitrator shall authorize such discovery and enter such pre-hearing orders as may be appropriate to insure a fair private hearing, which shall be held within one hundred twenty (120) calendar days of the demand and concluded within three (3) calendar days. The arbitrator(s)'s written decision shall be made not later than fourteen (14) calendar days after the hearing. The parties shall share equally the fee of the arbitrator.

27. This instrument constitutes the entire agreement of the parties. It may not be changed orally, but only by an agreement in writing signed by the party against whom enforcements of any waiver, change, modification, extension or discharge is sought.
28. Neither MEDILERT nor CPSA may assign their rights or obligations hereunder without the prior written consent of the other party. The only exception to this prohibition is if either party is sold, merged into, or absorbed by another organization, which carries on the party's business. In this limited circumstance the prior written consent of the other party shall not be required.

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29. In the event that any provision of this Agreement is found to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the validity, legality and enforceability of the remainder of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year herein above written.

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA

Signature

Title

Date

MEDILERT-IRIS

Signature

Title

Date


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EXHIBIT A

IRIS CREDENTIALING REPORT
July 1, 2004

Primary Source Verification Areas:
1. Professional Degree
2. Internships
3. Residencies
4. Fellowships
5. Current Affiliations
6. Current and Previous State Licensure
7. Board Certification
8. Current Malpractice Liability Insurance/Claims History
9. Professional References (maximum of three)
10. DHHS Medicare/Medicaid Sanctions
11. DEA Certification
12. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
13. NPDB Query
14. ECFMG Certification (if applicable)
15. Professional employment history (maximum of ten (10) years)

Each *IRIS* credentialing report will be processed at a flat fee of **\$125** per practitioner during the term of the Agreement. Each *IRIS* credentialing report sent by electronic data transfer will be processed at a flat fee of **\$5** per practitioner during the term of the Agreement.

MEDILERT will also bill CPSA the NPDB query fee per practitioner during the term of this Agreement.


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EXHIBIT B

IRIS RECREDENTIALING REPORT
July 1, 2004

Primary Source Verification Areas:	
1.	Current Affiliations
2.	Current and Previous (prior two years) State Licensure
3.	Board Certification
4.	Current Malpractice Liability Insurance/Claims History
5.	Professional References (maximum of three)
6.	DHHS Medicare/Medicaid Sanctions
7.	DEA Certification
8.	State Licensure, Sanctions, Restrictions, etc. Query
9.	NPDB
10.	Professional employment history (maximum of ten (10) years)

Each *IRIS* recredentialing report will be processed at a flat fee of **\$85** per practitioner during the term of the Agreement. Each *IRIS* recredentialing report sent by electronic data transfer will be processed at a flat fee of **\$5** per practitioner during the term of the Agreement.

MEDILERT will also bill CPS the NDPB query fee per practitioner during the term of this Agreement.

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EXHIBIT C
APPLICATION PROCESSING SERVICES

July 1, 2004

The following administrative/application processing services will be provided in addition to credentialing and/or recredentialing primary source verification services:

1. Application Mailing

- MEDILERT will mail practitioner credentialing application packets and/or recredentialing application packets once directed to do so by CPSA. CPSA must provide MEDILERT with the name, address, telephone and fax number of each practitioner to whom a credentialing or recredentialing application packet should be sent.
- A second notice letter will be sent to all practitioners who do not respond within thirty (30) calendar days from the date that the original application packet was sent.

2. Telephone Contact

- MEDILERT will directly contact practitioners in obtaining necessary documentation in order to initiate and complete a credentialing and/or recredentialing report when a practitioner has omitted information. Direct contact with practitioners will commence when necessary once an application has been received by MEDILERT.
- Three written, fax or telephone requests will be made to a practitioner by MEDILERT in an attempt to obtain the necessary additional documentation. The requests will be made at ten (10) calendar day intervals. The practitioner will bear full responsibility to answer those requests.
- MEDILERT will notify CPSA of any practitioners that do not cooperate with the attempts to obtain necessary documentation. Status reports will be sent to CPSA on a weekly basis.
- MEDILERT will initiate credentialing and/or recredentialing primary source verification once a completed application and the required documentation has been received from each practitioner.

3. Customer Service

- Any questions regarding credentialing procedures and processes, including how to complete the practitioner application will be answered by MEDILERT. MEDILERT will make available to CPSA our toll-free telephone and fax numbers.

4. Recredentialing Tracking

- MEDILERT will track practitioners on a biennial basis for recredentialing. MEDILERT will provide a list of practitioners to CPSA six (6) months prior to the initiation of the recredentialing process.

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Exhibit C Continued:

5. Other Support

- MEDILERT will mail the original application and other documentation that it receives from each practitioner at the same time the credentialing and/or recredentialing report is forwarded to CPSA.

Application processing will be provided at a cost of **\$15** per practitioner application processed.

GSA 3

SXC HEALTH SOLUTIONS, INC.

1. SXC Health Solutions, Inc.
2505 S. Finley Road, #110
Lombard, IL 60148-4867
(630) 268-3600
2. SXC Health Solutions, Inc.'s (formerly known as Systems Xcellence, USA) parent company is Systems Xcellence, Inc. Systems Xcellence, Inc. is a publicly held company traded on the Toronto Stock Exchange under the symbol SXC.
3. SXC Health Solutions, Inc. is currently and will continue to be subcontracted for the online transaction processing of prescription drug claims for covered prescription drug services submitted by participating pharmacies, according to the coverage parameters supplied by CPSA for covered individuals enrolled in CPSA's programs. In addition, through this arrangement, CPSA has access to a variety of reports detailing management activity, member utilization, drug usage, pharmacy provider utilization, and prescriber activity, all of which provide necessary data allowing CPSA to trend, monitor, and assess prescription drug activity on a variety of levels.
4. The positions and hours required annually under this subcontract are those necessary to fulfill the subcontract performance specified above. SXC Health Solutions, Inc. employs over 200 people. Technical support is available to CPSA by toll-free number, Monday through Friday from 7:30 a.m. to 5:00 p.m. (Central Time). Technicians are on-call after normal business hours, weekends, and holidays to assist in any emergency situations that may not be resolved through the 24-hours-a-day, 7-days-a-week on-site data center staff. Online processing of prescription drug claims occurs 24 hours a day, 7 days a week, and 365(6) days per year.
5. The compensation arrangement is based on transactions processed by SXC Health Solutions, Inc. The specific payment arrangements are included as Exhibits I-VIII of CPSA's Agreement with SXC Health Solutions, Inc., which is attached following the attestation. The total annual compensation provided to SXC Health Solutions, Inc. in Fiscal Year 2004 was \$136,690.33.
6. There are specific performance guidelines to which SXC Health Solutions, Inc. has agreed as part of this subcontract arrangement. These guidelines are included as Exhibit IX of CPSA's Agreement with SXC Health Solutions, Inc. SXC Health Solutions, Inc. measures performance against the key indicators outlined in Exhibit IX, and reports the results to CPSA on a quarterly basis. These quarterly reports will be reviewed by the CPSA Pharmacy Services Manager for adherence to the service standards. The position of Pharmacy Services Manager is responsible for identifying needs for improvement based on these reports and developing corrective plans of action with SXC Health Solutions, Inc.
7. Attestation follows this narrative.

ATTESTATION

I hereby attest that Systems Xcellence, USA, Inc. has never been suspended or excluded from any federal program.

This statement is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately make this statement might result in termination of agreements held with Community Partnership of Southern Arizona and denial of future contracting requests.



Jeff Jensen, Senior Vice President of Business Development/Operating Officer
Systems Xcellence USA, Inc.

9/3/04
Date

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Community Partnership of Southern Arizona**AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS
Amendment #4**

Page 1 of 1

Effective July 1, 2003, the Agreement for the Online Transaction Processing of Prescription Drug Claims between SXC Health Solutions, Inc. (formerly known as Systems Xcellence/ComCoTec, Inc.) and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from July 1, 2003 to June 30, 2005.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

SXC Health Solutions, Inc.:Signature: Kel KettlewellName: Kelly KettlewellTitle: V.P. Sales & MarketingDate: 8-03-04**Community Partnership of Southern Arizona:**Signature: Neal CashName: Neal CashTitle: Chief Executive OfficerDate: 8-5-04

Community Partnership of Southern Arizona**AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS
Amendment #3**

Page 1 of 1

Effective March 1, 2003, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from March 1, 2003 to June 30, 2003.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

Systems Xcellence USA Inc.:

Signature: Kelly Kettlewell
Name: KELLY KETTLEWELL
Title: V.P. SALES & MARKETING
Date: 4/17/03

Community Partnership of Southern Arizona:

Signature: Neal Cash
Name: Neal Cash
Title: Chief Executive Officer
Date: 4-14-03

Community Partnership of Southern Arizona

AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS Amendment #2

Page 1 of 1

Effective March 1, 2001, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. In accordance with the agreement described above (the "Agreement"), ComCoTec, Inc., a Tennessee corporation (the "Seller"), hereby provides notice that Seller is assigning the Agreement and its interest therein and obligations thereunder to Systems Xcellence USA Inc., a Texas corporation ("Purchaser"), pursuant to the acquisition of substantially all of the assets of Seller and assumption of certain liabilities of Seller by Purchaser (such transactions shall collectively be referred to herein as the "Transaction"). The undersigned acknowledges that Purchaser and Seller will rely on this consent in connection with the Transaction and hereby certifies as follows:

- i. The undersigned and Seller are parties to the agreement described above (the "Agreement").
- ii. The undersigned hereby consents to the assignment by Seller and the assumption by Purchaser of the Agreement and of all of Seller's right, title and interest thereunder upon closing of the Transaction, and the undersigned agrees to release Seller from any further liability or obligation under the Agreement.

2. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from March 1, 2001 to February 28, 2003.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

Systems Xcellence USA Inc.:

Signature: [Signature]
Name: G. S. Glenn
Title: Pres/CEO
Date: 11/3/02

Community Partnership of Southern Arizona:

Signature: [Signature]
Name: NEAL CASH
Title: Chief Executive Officer
Date: 12/17/01

Community Partnership of Southern Arizona

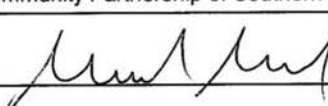
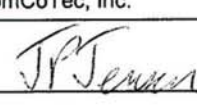
AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS Amendment #1

page 1 of 1

Effective March 1, 2000, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement ,
from February 29, 2000 to February 28, 2001.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

CPSA:	Community Partnership of Southern Arizona
Signature:	
Print Name and Title:	Neal Cash, Chief Executive Officer
Date:	6-20-00
	ComCoTec, Inc.
Signature:	
Print Name and Title:	Jeff P. Jensen, Vice President Professional Services
Date:	6-12-00

**AGREEMENT FOR THE
ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS**

This Agreement for the Online Transaction Processing of Prescription Drug Claims is entered into this 12th day of February, 1999 by and between:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

(hereinafter referred to as "Client"), having a place of business at:

**4575 E. Broadway
Tucson, AZ 85711**

and ComCoTec, Inc., a Tennessee Corporation (hereinafter referred to as "ComCoTec"), having its principal place of business at 2505 S. Finley Road, Suite 110, Lombard, IL 60148.

RECITAL

Client and ComCoTec desire to establish a system for the Online Transaction Processing of prescription drug claims for Programs and Benefit Plans relating to prescription drug services provided by Participating Pharmacies to Covered Individuals or Members enrolled in Client's Programs. Client desires to use the services provided by ComCoTec's RxCLAIM Pharmacy Claims Online Transaction Processing System (RxCLAIM) and ComCoTec desires to provide such services under the mutually agreed terms and conditions as set forth herein. Therefore, in consideration of the mutual promises, covenants and representations of the parties, the sufficiency of which is hereby acknowledged, the parties agree as follows:

**SECTION ONE
Performance of Services**

(a. Online Transaction Processing of Prescription Drug Claims from Participating Pharmacies) ComCoTec shall be responsible for Online Transaction Processing of prescriptions for Covered Prescription Drug Services submitted by Participating Pharmacies, according to the coverage parameters and member file information supplied by Client. Such Online Transaction Processing shall include eligibility and coverage determination, calculation of allowable costs and applicable deductibles, coinsurance or copayments, and communication of payment disposition to Participating Pharmacies and other such actions as detailed in Section Three.

(b. Benefit Plan Files) ComCoTec will establish and maintain the following files from Benefit Plan-specific information, furnished by Client: Member File, Employer Group File, Prescriber File (if required by Client), and Pharmacy File. Maintenance will be performed within two (2) working days if Client submission is on electronic media acceptable to ComCoTec on ComCoTec I/O format and machine readable by ComCoTec, and in not more than five (5) days if Client submission is on paper. Client agrees to reimburse ComCoTec for the establishment and maintenance of the files as shown on Exhibit II.

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(c. NDC File) ComCoTec will maintain a NDC (National Drug Code) file for prescription drugs and required elements for each NDC. ComCoTec will update the file weekly from information provided by Medi-Span Corporation's MDDB or other mutually agreed source. The file will permit Client to develop plan specifications based on Average Wholesale Price (AWP), Maximum Allowable Cost (MAC), days of supply (minimum/maximum), Benefit Plan inclusions and/or exclusions, package size dispensed and generic indicator.

(d. Remote client and client's client access) If Client or client's client elect to purchase and install optional ComCoTec-approved terminal equipment capable of interfacing with RxCLAIM, ComCoTec will provide user documentation, professional support and training in the use of the RxCLAIM System and access to the System at the charges listed for such services in Exhibit VI.

(e. Payor Sheet) ComCoTec will prepare and forward to Client a ComCoTec RxCLAIM Pharmacy Payor Sheet for reproduction and distribution by Client to Participating Pharmacies. The Payor Sheet will detail the method for submission of claims from the Pharmacy to RxCLAIM, and information concerning procedures for resolution of prescriptions rejected by RxCLAIM.

(f. Claims History) ComCoTec will maintain claims history for a total of five (5) years with the most recent six (6) months' history made available for on-line viewing. Claims history will not be maintained by ComCoTec after termination of this Agreement. ComCoTec will forward the history of all paid claims to Client on readable magnetic tape in ComCoTec I/O format within sixty (60) working days of such written request by Client. Charges for this service will be at the then current rate to provide such service. Current rates of service are shown on Exhibit II.

(g. Standard Management Reports) ComCoTec will provide Client with one copy of standard management reports as selected by Client from ComCoTec's current Standard Report Catalog. The titles of the available standard management reports are included in Exhibit X. Client may change selected reports to be provided not more often than every 3 months by written notification to ComCoTec. Management reports will be provided to Client at the charges shown in Exhibit IV.

(h. Report Clarification and Audits) In order to clarify information supplied in the Standard Management Reports, Client reserves the right to request reasonable additional information or response from ComCoTec. At its own expense, Client may conduct independent concurrent and retrospective audits of ComCoTec' activities.

(i. Financial Reports) ComCoTec will provide Client with one (1) copy of financial reports covering each reimbursing check writing cycle. Examples of the provided financial reports are supplied in Exhibit X.

(j. Checks to Participating Pharmacies) At Client's request, ComCoTec will draft reimbursement checks (the "Checks") for distribution by Client to Participating Pharmacies each month or on such other schedule as is designated by Client. With the Checks to Participating Pharmacies, ComCoTec will provide Client with a report of the claims being paid. Upon receipt of such report, Client will verify and approve all payments to be made. Client will promptly advise ComCoTec of any errors or discrepancies shown in such report, recapping the total amount of all claims to be paid. The charge for each Check issued is listed in Exhibit III.

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(k. Direct Reimbursement Claim Forms) ComCoTec and Client shall agree on a format for direct reimbursement claim forms to be used for hardcopy submission of claims to ComCoTec in situations when Online submission is not available. Said forms will be distributed by Client to Client's members for submission to ComCoTec for entry by ComCoTec as direct reimbursement claims. Client will reimburse ComCoTec for each direct reimbursement claim for the charge listed in Exhibit I.

(l. Utilization Review) Client may elect optional online Drug Utilization Review (DUR) services available in the RxCLAIM System for no additional charge. Should Client elect said services, ComCoTec shall perform online Drug Utilization Reviews for Client as set forth in Exhibit XI attached hereto.

(m. Schedules /Attachments) This Agreement includes and incorporates by reference the following Schedules: Schedule I and Exhibits I – XII.

SECTION TWO

Client's Responsibilities

(a. Compensation to ComCoTec) Client will reimburse ComCoTec in accordance with Exhibits of this Agreement. Client agrees to pay all valid invoices submitted by ComCoTec within 30 days of receipt. Client agrees that invoices remaining unpaid over 45 days from date of receipt by Client from ComCoTec will be charged interest at the rate of 1 1/2% per month.

(b. Guaranteed Monthly Processing Minimum) Client agrees that during the initial and all succeeding terms of this Agreement, it will be responsible for a minimum monthly claims processing charge identified in Exhibit I. This minimum charge will apply in any month in which actual claims processing charges fall below the minimum level.

(c. Claims Specifications) Client will provide specifications for each Benefits Plan or Program in sufficient detail to permit ComCoTec to perform its duties as described in Section One and Section Three herein for claims submitted under each Benefit Plan or Program. Since Client changes to Benefit Plan or Program specifications may require RxCLAIM changes, such changes will be coordinated with ComCoTec to assure timely implementation and minimal disruption of ongoing Benefit Plans or Programs. This Agreement provides that changes to Benefit Plan or Program specifications will be submitted to ComCoTec with thirty day advance written authorization from Client. More frequent changes may be available at additional charge. In no event will Benefit Plan or Program changes be made without ten (10) days advance written notice of the required implementation date. ComCoTec shall not be responsible for any changes to any previously established Benefit Plan or Program-specific information until ComCoTec shall have confirmed its agreement to and acceptance of such changes to Client in writing and shall have specified a date for change implementation.

(d. Member File) Client will provide, or cause to be provided or accessed, a complete file on electronic media acceptable to ComCoTec, in ComCoTec I/O format and machine readable by ComCoTec, of all members of each Benefit Plan or Program covered by this Agreement (Member File). Client will promptly furnish ComCoTec on electronic media acceptable by ComCoTec, in

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ComCoTec I/O format and machine-readable by ComCoTec, with files containing the identification of members whose enrollment has been terminated and a complete record for each new member. If Client is unable to furnish such acceptable electronic media tape, ComCoTec will input the initial and maintenance entries manually at the charge shown in Exhibit II.

(e. Prescriber File) If so requested by Client, Client will provide ComCoTec on acceptable electronic media with sufficient information relating to each Participating Physician to permit the creation of a full functioning prescriber file.

(f. Pharmacy File) Client will provide ComCoTec with sufficient information for each Participating Pharmacy to support the processing specified in this Agreement.

(g. Client's Ability to Modify) Client and ComCoTec may agree to modify the obligations and responsibilities of ComCoTec during the tenure of this Agreement upon written request delivered to ComCoTec in the manner described below. In such event, and upon acceptance by ComCoTec of the modification(s) Client agrees to be responsible for additional normal and customary fees and expenses, at the then prevailing rate charged by ComCoTec, required to effectuate such modification(s).

SECTION THREE

ComCoTec/Participating Pharmacy Interface

(a. Claims Submission) Participating Pharmacies will be required to submit bills for Covered Services to ComCoTec or its designee in accordance with the procedures detailed in the National Council of Prescription Drug Programs (NCPDP) Online Claims Submission Telecommunication Standard, Version 3.2.

(b. Claims Quality) ComCoTec will edit claims information online based upon individual Benefit Plan or Program guidelines. Missing, illegible or erroneous information will cause claims to be rejected and the Participating Pharmacy will be notified online according to the NCPDP standards for communicating such rejections. All such rejected claims must be resubmitted in their entirety.

(c. Participating Pharmacy Reimbursement Calculation) Participating Pharmacy Reimbursement Calculation for each claim submitted will be accomplished by applying a pharmacy Benefit Plan and/or Program-specific algorithm which will cover various combinations of AWP, MAC, generic incentive amount, days supply, formulary inclusion/exclusion, copay amounts, refills and dispensing fees. Additional parameters may be incorporated upon the mutual agreement of Client and ComCoTec so as to ensure that the RxCLAIM computer programs will accommodate the additional parameters. Reimbursement will be based upon the National Drug Code (NDC) file in effect on the date the prescription is filled and will apply to claims submitted within time frames to be established by Client and ComCoTec.

(d. Processing Cycle) The frequency and timing of claims processing reimbursement cycles and the cutoff date through which such claims will be processed shall be mutually agreed upon between Client and ComCoTec.

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(e. Pharmacy Correspondence) Upon completion of each Processing Cycle, ComCoTec will provide a claims reconciliation report to Client for each Client Participating Pharmacy submitting claims. ComCoTec will provide sufficient telephone service to properly handle calls from Participating Pharmacies arising from the pharmacy correspondence described in this Section. In the event ComCoTec cannot resolve claims disputed by Participating Pharmacies, ComCoTec will instruct the Participating Pharmacy to contact Client for resolution.

(f. Disapproved Claims) All disapproved claims shall be returned to the submitting pharmacy with a brief explanation of the reasons for disapproval. Should Client determine that a previously disapproved claim should be paid and so direct ComCoTec, payment of such claim shall be accomplished promptly by ComCoTec provided that Client has notified ComCoTec of such in writing. Subject to the terms and conditions herein, Client shall make the final determination regarding payment of all submitted claims. ComCoTec will promptly refer to Client all inquiries to ComCoTec by insurance departments, attorneys, claimants or other persons following the denial of any claims.

SECTION FOUR

Limitation of Liability

(a) Each Party (Client and ComCoTec) agree to hold harmless the other for any claim of loss or damage incurred on account of either party's wrongful acts, errors or omissions arising out of the performance of this Agreement.

(b.) Client acknowledges that the drug utilization review portion of the System, as described in Exhibit XI is to be used only as a guide and is not to be regarded or relied on as a substitute for the skill, judgement and care of pharmacists or other professional personnel in dispensing pharmaceutical products. ComCoTec shall not, under any circumstances, be liable or responsible for injury, including death, suffered by any consumer of any pharmaceutical or any other product dispensed or distributed by any person or entity using the System for any purpose, or for any side effects or other consequential or incidental damages of any kind or description whatsoever from the use of any such product, it being expressly understood that such liability and responsibility rests entirely upon the pharmacist or other professional involved in the transaction. Client further agrees to identify this Limitation of Liability in writing to all Participating Pharmacies.

SECTION FIVE

Confidentiality

ComCoTec will maintain the confidentiality of information contained in Covered Individuals' medical records and will only release such records: (a.) in accordance with this Agreement, (b.) subject to applicable laws, regulations, or orders of any court of law, or (c.) with the written consent of the Covered Individual.

In the provision of medical and other professional services, ComCoTec serves as a Qualified Service Organization to the Client, and vice-versa, under the terms of 42 C.F.R. part 2. As Qualified Service Organizations, ComCoTec and Client may exchange confidential information regarding clients' drug and alcohol abuse diagnosis and treatment.

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- (a) Client and ComCoTec acknowledge that in receiving, storing, processing or otherwise dealing with any client records regarding drug or alcohol abuse, Client and ComCoTec are fully bound by federal regulations governing the confidentiality of such records (i.e., 42 C.F.R. part 2).
- (b) If necessary, Client and ComCoTec will resist in judicial proceedings any efforts to obtain access to client records except as permitted by federal regulations.

The RxCLAIM System and the ideas and concept and the expressions thereof are acknowledged by Client to be confidential proprietary information and trade secrets belonging to ComCoTec, in which Client has no interest and no right to access thereof except as granted by this Agreement. Client agrees that it shall not, and it shall not permit others to, at any time, without prior written permission of ComCoTec, copy, duplicate or download any object programs, record layouts, or database design documents of the System and related documentation, and Client shall not transfer all or any portion of the System or its ideas and concepts other than for Client's own use.

Neither Client nor ComCoTec shall disclose any confidential information or knowledge of the other party learned or acquired as a result of the operations of this Agreement, except as otherwise required by applicable law or regulations. ComCoTec may, however use such data and information for statistical and analytical purposes. The provisions of this Section shall survive the termination of this Agreement.

SECTION SIX

Limitation on Billing Covered Individuals or Members

ComCoTec agrees that in no event, shall ComCoTec bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Covered Individual or persons other than Client acting on the Covered Individual's behalf for Covered Services provided pursuant to this Agreement. This provision shall not prohibit collection of any applicable Copayments, Deductibles, or Coinsurance amounts billed in accordance with the terms of contract between Client and the Covered Individual. This provision shall not prohibit collection for non-Covered Services or from third parties when such parties are primarily responsible for paying Covered Services.

ComCoTec further agrees that: (a.) this provision shall survive the termination of this Agreement regardless of the cause giving rise to termination; and (b.) shall be construed to be for the benefit of Client's Covered Individuals.

SECTION SEVEN

Access to Books and Records

ComCoTec will maintain medical, financial and administrative records pursuant to this Agreement, in accordance with applicable Federal and state laws. Client, its authorized representatives and duly authorized third parties, such as but not limited to governmental and regulatory agencies, will have the right to inspect, review and make copies of such records directly related to this Agreement, upon reasonable notice, during regular business, subject to the valid release that Client obtains from such Covered Individuals or their legal representatives. Those records may be examined and audited by

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Client throughout the year in which they are established and for a period of five (5) years thereafter. This provision shall survive the termination of this Agreement.

SECTION EIGHT

Relationship of Parties

ComCoTec and Client are independent contractors. This Agreement will not create an employer-employee, partnership or joint venture relationship between ComCoTec and Client or their respective directors, officers, employees or agents.

This Agreement shall not be deemed to create any rights or remedies in persons who are not parties to this Agreement except as otherwise set forth in this Agreement.

SECTION NINE

Dispute Resolution Procedures

The parties shall make a good faith effort to resolve any disputes arising during the term of this Agreement. If they are unable to resolve the dispute through informal discussions, either party may submit a written complaint to the other party describing and proposing a manner of resolving that dispute.

The party receiving that complaint shall respond by accepting, rejecting, or modifying that proposal, in writing, within thirty (30) days of the date that it receives the complaint.

If the dispute cannot be resolved pursuant to the above, the dispute shall be resolved by resort to the Client and Arizona Department of Health Services provider grievance procedures. Grievance procedures shall be the exclusive manner by which ComCoTec may challenge adverse actions, decisions or policies set forth by the Client.

This Agreement shall be construed in accordance with Arizona law and any legal action thereupon shall be initiated in an appropriate court of the State of Arizona, subject to the grievance procedures above.

This dispute resolution procedure shall not be applicable to disputes concerning procedures or policies that Client is required to implement pursuant to applicable State or Federal regulations or directives.

Client shall be responsible for resolving disputes with Participating Pharmacies and Covered Individuals or Members. Client shall be entitled to request a written explanation from ComCoTec, if such dispute is directly or indirectly the result of ComCoTec's act or omission. ComCoTec further agrees to make representatives who are knowledgeable about the factual circumstances giving rise to such dispute available at Client's request to participate in resolving such disputes.

SECTION TEN

Term of Agreement

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The initial term of this Agreement will be from March 1, 1999, through February 29, 2000 (the "Initial Term"), subject to the terms herein, with options to renew for one (1) consecutive one year term unless terminated pursuant to Section Eleven below.

SECTION ELEVEN

Termination

- (a.) This Agreement may be terminated at any time by mutual written consent of the parties.
- (b.) This Agreement may be terminated without cause upon one hundred and twenty (120) days prior written notice.
- (c.) Either party may terminate this Agreement for cause upon thirty (30) days written notice to the other party specifying the manner in which that party has materially breached its obligations pursuant to the Agreement. The Agreement shall terminate automatically at the expiration of such thirty (30) day period if that party has not cured its breach within such period and delivered evidence of such cure to non-breaching party or has not provided a plan for cure of said breach which is acceptable to the non-breaching party.
- (d.) This Agreement may be terminated without the consent of or notice to any Account, Covered Individual, other Participating Providers or other third parties.
- (e.) All payments by the Client to ComCoTec are conditioned upon availability to the Client from Arizona Department of Health Services (ADHS) of funds authorized for expenditure.

SECTION TWELVE

Effect of Termination

The Agreement will be of no further force or effect as of the date of termination except that:

- (a.) Each party will remain responsible for any obligations or liabilities arising from activities carried on by the party, its agents or employees during the period the Agreement remains in effect. Each party will retain the right to seek any redress available under law for any loss or injury caused by the other party as a result of that party's breach of its obligations under this Agreement.
- (b.) The parties shall cooperate to promptly resolve any outstanding financial, administrative or patient care issues upon the termination of this Agreement. ComCoTec agrees not to initiate any action that interferes with the relationship between Client and current or prospective members, Accounts or other Participating Providers during the term of this Agreement, with the exception of any legal proceedings pursuant to Client's obligations to ComCoTec under the terms of this Agreement.

SECTION THIRTEEN

Non-Exclusivity

This Agreement shall not be construed to be an exclusive agreement between Client or ComCoTec, nor shall it be deemed to be an agreement requiring Client to utilize ComCoTec for any or all of its

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Benefit Plans or Programs, nor shall it preclude Client from transferring Covered Individuals or Programs to other Pharmacy Online Transaction Processing Vendors.

SECTION FOURTEEN

References to the Parties

ComCoTec and Client consent to lawful references to this Agreement in informational documents distributed by both parties or any third party on behalf of either party. Neither party will otherwise use the other party's name, symbol, trademarks or services marks without the prior consent of that party, which shall not be unreasonably withheld, and will cease any such use as soon as is reasonably possible upon termination of this Agreement.

SECTION FIFTEEN

Amendment

Any amendments to the Agreement or its Exhibits will be effective only if in writing and signed by ComCoTec and Client. Revisions of the Payor Sheet or Medical Management policies or procedures shall not constitute amendments of the Agreement or its Exhibits, provided such revisions do not conflict with the terms of this Agreement or the Exhibits.

SECTION SIXTEEN

Waiver of Breach

Waiver of a breach of any provision of this Agreement will not be deemed a waiver of any subsequent breach of the Agreement.

SECTION SEVENTEEN

Severability

In the event that a provision of this Agreement is rendered invalid or unenforceable by state of Federal statute or regulations or declared null and void by any court of competent jurisdiction, the remaining provisions of this Agreement will remain in full force and effect.

SECTION EIGHTEEN

Entire Agreement

This Agreement, its Exhibits, and any documents incorporated by reference constitute the entire Agreement between the parties. It supersedes any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement.

SECTION NINETEEN

Attorney Fees

If either party institutes any action, suit or arbitration proceeding to enforce the provisions of this Agreement, each party shall be responsible for its own costs and attorney fees.

SECTION TWENTY
Assignment and Sub-Contracting

Neither party shall assign to or contract with another party for the performance of its obligations under this Agreement without the prior written consent of the other party, which shall not be unreasonably withheld. This Agreement will be binding upon and inure to the benefit of the respective successors and assigns of Client and ComCoTec except as provided in this Section.

SECTION TWENTY-ONE
Impossibility of Performance

Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing its obligations for reasons beyond its control, including without limitations, acts of God or of the public enemy, flood or storm, strikes, or statute, rule or action of Federal, State or local government agency.

SECTION TWENTY-TWO
Warranty of Authority and Disclaimer

(a.) ComCoTec represents and warrants that it has full right, power and authority to enter into this Agreement and that the RxCLAIM System will perform as required to comply with the terms of this Agreement, and will not infringe upon the proprietary rights or violate the contractual rights of any third party. ComCoTec shall, at its expense, defend Client against each party law suit against either of them resulting from a breach of the foregoing warranty. ComCoTec shall pay all costs, damages, and reasonable attorneys' fees awarded to any such third party, provided Client promptly notifies ComCoTec in writing of the law suit and gives ComCoTec sole control of the defense and all related settlement negotiations.

(b.) Accordingly, and except as otherwise expressly provided in sub-section "a" hereof, ComCoTec makes no representation or warranty of any kind whatsoever, express or implied, and expressly disclaims any and all such warranties, including, without limitation, any implied warranties of merchantability or fitness for a particular purpose.

SECTION TWENTY-THREE
Notice to Parties

All notice provided for herein shall be in writing and delivered in person, or, in the alternative, by delivering same via United States Mail, postage prepaid, registered or certified mail, addressed as follows or to such other address as the party may specify in writing:

Notice Directed to Client:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA
4575 E. Broadway
Tucson, AZ 85711
ATTN: CONTRACTS DIVISION

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Notice Directed to ComCoTec:

COMCOTEC, INC.
2505 S. Finley Road, Suite 110
Lombard, Illinois 60148
ATTN: CONTRACT ADMINISTRATION

SECTION TWENTY-FOUR
Notification of Actions

ComCoTec will promptly notify Client as soon as ComCoTec becomes aware of any material changes affecting their ability to comply with its duties and obligations pursuant to this Agreement such as the issuance of any formal charges against ComCoTec by any governmental agencies or any licensing or accreditation organization which would, if sustained, materially impair ComCoTec' ability to comply with its duties and obligations pursuant to this Agreement.

SECTION TWENTY-FIVE
Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona and applicable Federal laws and regulations.

IN WITNESS WHEREOF, the parties have executed this Agreement intending to be bound on and after the date set forth in Section Ten above.

COMMUNITY PARTNERSHIP OF
SOUTHERN ARIZONA:

By: Judy C. Johnson

Name: Judy C. Johnson

Title: Acting CEO

Date: January 28, 1999

ComCoTec, Inc.

By: JP Jensen

Name: Jeff P. Jensen

Title: VP Professional Services

Date: February 12, 1999

SCHEDULE I
DELIVERABLES FOR ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS

Community Partnership of Southern Arizona (CPSA)				
Reference	Deliverable to CPSA	Due Date	Submit Information To	Form Req'd (X)
I. Programs/Contracts				
1. Agreement between Client and ComCoTec	Certificate of Liability Insurance	Within 30 Days of Agreement Execution	Contracts Specialist	
2. Agreement between Client and ComCoTec	Copies of User Manual; Updates / Changes to existing User Manual	Within 30 Days of Agreement Execution; Within 30 days of approval	Contracts Specialist	

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EXHIBIT I

RxCLAIM: Online Transaction Processing

A transaction is defined as an occurrence of each claim, reversal, or other authorized NCPDP formatted submission. A transaction is counted as processed when a recognized response status is generated.

On-Line Service Bureau

Transactions Per Month	Base Fee Per Transaction
Less than 49,999*	\$0.22
50,000 – 149,999	\$0.21
150,000 – 499,999	\$0.20
500,000 – 999,999	\$0.19
Over 1,000,000	\$0.18

Other Transaction Fee Based Services

Service	Fee Per Transaction
Switching	\$0.05
Member: Deductible/Cumm. Max. or Plan Benefit Max	Included
Dual Pricing	\$0.04
Help Desk (Provider)	Included
Help Desk (Member)	\$0.05
RxTRACK	\$0.03
DUR	Included

* Monthly Minimum Fee: \$2,500

EXHIBIT I (cont.)

RxCLAIM: Online Transaction Processing

Manual

ComCoTec Data Entry:	
Pharmacy Reimbursement	
UCF	On-Line Txn Fee + \$2.50
Other	On-Line Txn Fee + \$5.00
Member Reimbursement	
NCPDP DMR Form	On-Line Txn Fee + \$3.00
Other	On-Line Txn Fee + \$6.00
Client Data Entry:	On-Line Txn Fee

Batch (History, Submission, Data Analysis)

ComCoTec Format	\$0.05 per Txn
Custom Format	\$0.05 per Txn + Consulting Rate II (see Exhibit VIII for Rate Schedule)

EXHIBIT II

RxCLAIM: Files

Format	
ComCoTec Standard	Included
First Custom Re-Format	Included
Additional Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)
Media	
Electronic	
ComCoTec Standard	Included
Non-Standard	Consulting Rate II
Hard Copy Data Entry	Consulting Rate I (see Exhibit VIII for Rate Schedule)
Transfer Methodology	
TBD	

Data Inputs

Type

Eligibility	(Group, Member)
Provider	(Pharmacy, Prescriber)
History	(Paid Claims*, Prior Auths, Deductible, Benefit Max)
Plan	(Formularies)
Other	

Load Frequency

TBD

Load Type

Update	Included
Daily Full File Refresh	\$750 per Month
Weekly Full File Refresh	\$100 per Month
Monthly/Quarterly Full File Refresh	Included

Data Outputs

Type

NCPDP Version 2 Billing
NCPDP Version 2 Payment
Other ComCoTec Standard Formats

*Paid Claims History is loaded at the batch transaction rate (see Exhibit I).

EXHIBIT III

RxCLAIM: Payment Processing

File

Format

ComCoTec Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Media

Electronic	
ComCoTec Standard	Included
Non-Standard	Consulting Rate II

Frequency

Payment Cycle	Included
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Transfer Methodology

TBD

Disbursement

Reports

Cash Requirements Report
Checks
Check Register
Remittance Advice Hard Copy
NCPDP Version 2 Payment Tape (average > 100 claims per cycle per payee)
(Remittance Advice and Payment Tape/Single Payee \$100 per tape)
Explanation of Benefits

ComCoTec Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Distribution

Client	Included
ComCoTec	Consulting Rate II

EXHIBIT IV

RxCLAIM: Reports

Operational

ComCoTec Standard	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Management

ComCoTec Standard	see below
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Media

Paper	\$.07 per page
Electronic	
25,000 Pages/Contract Year	Included
Additional Pages	\$.03 per page
CD-ROM	
20 CDs/Contract Year	Included
Additional CDs	\$75 each
Reveal PC Report Viewer	
First Seat	Included
Additional Seats	\$250 each; 15% annual maintenance

Distribution

File Transfer	Included
Ground Service	Incurred Postage + 20% Handling
Express Service	
Charged to ComCoTec	Incurred + 20% Handling Fee
Charged to Client	N/A

Query

ComCoTec Standard	\$100 per Query Report
Custom	Consulting Rate II (see Exhibit VIII for Rate Schedule)

EXHIBIT V

RxTRACK

Outputs

Data Cubes	Included	Additional
ComCoTec Information Base Cube	1 per month	\$495/cube/month
ComCoTec Focus Cube	0	TBD
ComCoTec Custom Cube	0	TBD

Remote Query Access

Library ComCoTec Standard Queries

1 Seat

Included

Additional Seats

\$395/Seat/Month

Ad Hoc Query Capability

1 Seat

\$100/Seat/Month

Additional Seats

Standard Queries + \$100/Seat/Month

PC Based Analytical Tools

COGNOS Power Play

1 Seat

Included

Additional Seats

\$695/Seat + 20% Annual Maint.

Showcase Strategy

Included

Distribution (see Exhibit II)

Data Retention

15 Months

Included

Each Additional Month

\$0.005 per Txn

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EXHIBIT VI

RxCLAIM: Miscellaneous Services

Connectivity

Service Provider Charges

TBD

User Security for Operational Databases

10 On-Line User IDs	Included
Additional User IDs	\$100/User ID/Month
Client Access	\$250/User ID/Month

Data Retention

Operational

On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn

Informational

Base Extract	
On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn
Off-Line	
5 Years	Included
Restore Archived Data	
Once per Contract Year	Included
Each Additional Restore	\$500
ComCoTec	Consulting Rate II

Call Center Support Service

Monday – Friday	8:00AM - 9:00PM	CST
Saturday – Sunday	8:30AM - 5:00PM	CST
Holidays	As Announced	

Support Service Fees

Prior Auth Physician Calls	\$10.00 per Call
Prior Auth Protocols	TBD

EXHIBIT VII

RxCLAIM: Training & Documentation

Training

RxCLAIM

User Training	Included
5 Users/3 Days	Consulting Rate II
Additional Training	Consulting Rate III
Technical Training	(see Exhibit VIII for Rate Schedule)

RxTRACK

User Training	Included
2 Users/2 Days	Consulting Rate II
Additional Training	(see Exhibit VIII for Rate Schedule)

Documentation

User Manuals

RxCLAIM/RxTRACK Standard	Included
2 Sets	\$50 per Chapter
Additional Sets	Consulting Rate II
Custom	(see Exhibit VIII for Rate Schedule)

EXHIBIT VIII
Consulting Rate Schedule

Hourly Consulting Rates	Rate Per Hour
Rate I: Data Entry, Travel Time	\$60.00
Rate II: Programming, Queries, Tech. Support, Application Training	\$120.00
Rate III: Business Analysis, On-Site Tech. Support, Technical Training	\$180.00
Rate IV: Strategic Planning, Sales & Marketing	\$240.00

Travel at Client Request

Transportation
 Lodging
 Meals

Reasonable as Incurred
 Reasonable as Incurred
 Reasonable as Incurred

Sales and Marketing Support

Request for Proposal Assistance
 Marketing Materials Assistance
 Presentation Attendance
 Strategic Planning

Consulting Rate II
 Consulting Rate II
 Consulting Rate IV
 Consulting Rate IV

Professional Services

Clinical Programs
 Formulary Development
 Benefit Analysis

Consulting Rate III
 Consulting Rate III
 Consulting Rate III

Services not identified above will be quoted upon request.

EXHIBIT IX

ComCoTec PERFORMANCE GUIDELINES

ComCoTec will measure performance quarterly and shall report results to client. The performance will be measured for ComCoTec's service bureau book of business.

On-Line Transactions

Local	Average < 3 Seconds per Transaction* (From when the transaction enters RxCLAIM and when it leaves RxCLAIM System)
System Availability	Average > 98% Availability* (24 hours per day, 7 days per week)

Manual Claim Entry

Member Reimbursement	Not to Exceed 10 Business Days of Receipt
Pharmacy Reimbursement	Not to Exceed 15 Business Days of Receipt

Batch Claims Processing

Initial History on Implementation	5 business days to load every thirty (30) days of history
Claims History	After conversion load, every thirty (30) days of history will be loaded within ten (10) business days of receipt

Interactive Users

Screen Changes	Average < 3 Seconds* (From entry key to screen coming up on 5250 terminal)
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Eligibility Loads

Group, Member, Provider	Not to Exceed 36 Hours of Receipt
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Call Center Support Services

Average Wait	45 Seconds*
Abandon Rate	Not to Exceed 5%*

Payment Process Deliverables Based on Cycle Date

Disbursement File	Not to Exceed 3 Business Days
Reports	Not to Exceed 3 Business Days (from

EXHIBIT IX (cont.)

	Receipt of Return Disbursement File with Check Numbers)
ComCoTec Standard Extract File	Not to Exceed 7 Business Days

Management Report Deliverables Based on Calendar Date

Monthly	Not to Exceed 10 Business Days
Quarterly	Not to Exceed 20 Business Days
Yearly	Not to Exceed 30 Business Days

*monitored via quarterly reports

**EXHIBIT X
STANDARD MANAGEMENT REPORTS**

MANAGEMENT ACTIVITY REPORTS	
Financial Utilization Summary	RXCL1013
Utilization Summary - Network Comparison	RXCL1080
MEMBER UTILIZATION REPORTS	
Employee / Member Listing	RXCL2001
Utilization Summary by Member - Ranked by Total Benefit Dollars Paid	RXCL2005
Member Utilization Detail	RXCL2010
Financial Member Utilization Detail (Submitted Cost Optional)	RXCL2016
Employee / Subscriber Utilization Summary	RXCL2018
Utilization Summary By Account and/or Group	RXCL2020
Utilization Summary (Totals & Averages) by Group ID and Per Member Per Month	RXCL2022
Utilization Summary By Age / Sex	RXCL2030
Utilization By Member	RXCL2040
Drug Detail: Maintenance Drugs Only - Member Utilization Prior Authorization Detail	RXCL2060
DRUG USAGE REPORTS	
Drug Usage - Therapeutic Class Summary	RXCL3010
Drug Usage - Therapeutic Class Detail	RXCL3020
Drug Usage - Brand Generic Summary	RXCL3030
Drug Usage - Summary	RXCL3050
Drug Usage - Detail	RXCL3060
Drug Usage - Cost Ranking Summary	RXCL3070
Drug Usage - Ranking Summary	RXCL3080
Drug Usage - Cost Ranking By Specialty	RXCL3090
Drug Usage - Ranking By Specialty	RXCL3100
Drug Usage - Cost Ranking By Prescriber	RXCL3110
Drug Usage - Ranking By Prescriber	RXCL3120
Drug Usage - Therapeutic Class Ranking Summary	RXCL3140
Drug Usage - Rebate Summary	RXCL3150

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STANDARD MANAGEMENT REPORTS (continued)

Drug Usage - Rebate Detail	RXCL3160
PHARMACY PROVIDER REPORTS	
Financial - Pharmacy Provider Utilization Summary	RXCL4011
Pharmacy Utilization Summary With Averages	RXCL4015
Financial - Pharmacy Provider Utilization Detail	RXCL4020
Financial - Pharmacy Provider Utilization Summary Withholding Amounts	RXCL4022
Utilization - Administration Fee Summary	RXCL4025
Utilization - Administration Fee Summary By Pharmacy	RXCL4026
Pharmacy Provider Generic Substitution Summary (Formulary)	RXCL4035
Pharmacy Provider Performance Summary	RXCL4040
Pharmacy Summary Of Errors	RXCL4050
Pharmacy Formulary Compliance Detail By Amount Paid	RXCL4090
PRESCRIBER REPORTS	
Prescriber Activity Summary	RXCL5010
Prescriber Activity Detail	RXCL5020
Prescriber Utilization Summary Ranked By Cost	RXCL5040
Prescriber Utilization Summary Ranked By Volume	RXCL5050
Prescriber Utilization Detail Ranked By Cost	RXCL5060
Prescriber Utilization Detail Ranked By Volume	RXCL5070
Prescriber Formulary Compliance Detail By Amount Paid	RXCL5090
Prescriber Summary Ranked By Formulary Non-Compliance	RXCL5100

STANDARD MANAGEMENT REPORTS (continued)

UTILIZATION REVIEW	
Rx Detail By Member Number Of Claims	RXCL6010
Rx Detail Audit By Membership	RXCL6016
Rx Detail By Member Cost Of Claims	RXCL6020
Rx Detail By Member / Duplicate Drug Different Prescribers	RXCL6030
Rx Detail By Member / Duplicate Drug Different Provider	RXCL6040
Rx Detail By Member / Duplicate Drug Within (X) Days	RxCL6050
Rx Detail By Member Therapeutic Duplication	RXCL6060
Rx Detail By Member More Than (X) Prescribers	RxCL6070
DUR Reports Requested	RXCL9000
DUR Savings Detail By Member	RXCL9010
DUR Savings Detail By Pharmacy	RXCL9020
DUR Savings Summary	RXCL9050
PLAN AND PRICE SCHEDULE LISTING REPORTS	
GPI Average Price Report	RCDMF012

**EXHIBIT XI
DRUG UTILIZATION REVIEW PROGRAM**

DUR MODULES
Acute Verses Maintenance Dose Editing
Drug Regimen Compliance Checking
Drug To Allergy Editing
Drug To Drug Interaction Edits
Drug To Diagnosis Caution Messages
Drug To Inferred Health State Checks
Dosage Range Checking
Drug Overuse Editing
Drug To Age Checking
Drug To Sex Editing
Duplicate Therapy Checking
Duplicate Prescription Checking

DISCLAIMER: THE EFFECTIVENESS OF ANY DRUG UTILIZATION REVIEW PROGRAM IS IN MANY RESPECTS DEPENDENT UPON THE AVAILABILITY OF CERTAIN DETAILED PATIENT AND PHYSICIAN DATA. PATIENT ALLERGIES, HEALTH CONDITIONS, PHYSICIAN SUPPLIED DIAGNOSIS CODES AND PRIOR PRESCRIPTION HISTORY ARE CRITICAL FOR A COMPREHENSIVE ANALYSIS. COMCOTEC WILL NOT BE RESPONSIBLE FOR INACCURACIES IN DATA PROVIDED BY CLIENT TO SUPPORT ANY DRUG UTILIZATION REVIEW COMPONENTS, AND SPECIFICALLY DISCLAIMS ANY RESPONSIBILITY TO PROVIDE DRUG UTILIZATION REVIEW FOR THOSE COMPONENTS WHICH REQUIRE DETAILED INFORMATION ABOUT CLIENT'S MEMBERS WHICH HAVE NOT BEEN SUPPLIED TO COMCOTEC BY CLIENT.

EXHIBIT XII DEFINITION OF TERMS

Term	Definition
Accounts	Those entities with whom Client has agreed to provide coverage to such entities' employees and their eligible dependents. The termination of the agreement between Client and an Account terminates the eligibility of the Account's employees and their dependents to receive reimbursement for Covered Services from Client, except as required by law.
Benefit Plan	The Covered Prescription Drug Services, Copayments, Deductible, or Coinsurance requirements, limitations and exclusions of the Agreement between Client and a Covered Individual or Account.
Claim Online Transaction Processing	The process of settling claims, from submission through disposition, between two or more parties.
Claim Form	The document, magnetic medium or computer communication submitted by a Participating Pharmacy which itemizes the Covered Prescription Drug Services rendered to Covered Individuals or Members and is submitted in accordance with the procedures and policies set forth in the Payor Sheet.
Client's Client	Entity that Client (CPSA) is providing services for. Should Client's client require access to the system a logical view would need to be built to restrict data.
Coinsurance	That portion of the Client considered charge for Covered Services, calculated as a percentage of the charge for such services, which is to be paid by Covered Individuals.
Copayment or Deductible	A fixed dollar portion of the charge for Covered Services which is to be paid by Covered Individuals.
Covered Individual	An individual or member eligible to receive Covered Services under a Client Program.
Medical Director	The physician appointed by Client, or that physician's designee, who is responsible for administering Client's Medical Management Programs.
Participating Pharmacy	A pharmacy or a company which is authorized to represent one or more subsidiary, affiliated, or franchised pharmacies ("Pharmacy Chain") which has been accepted as a Participating Pharmacy and has entered into a participating Pharmacy Agreement with Client and has agreed to provide Covered Prescription Drug Services to Covered Individuals.
Participating Providers	Those physicians, pharmacies, hospitals and other health care providers who have entered into agreements with Client to provide Covered Services to Covered Individuals.
Payor Sheet	The document to be distributed to Participating Pharmacies which describes ComCoTec's and Client's administrative policies and procedures for claims submission.
Programs	The Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and other types of health care coverage or administrative services which Client offers to Accounts and Covered Individuals.
Remote Client	Client with access to ComCoTec's system from an alternate site, but has access to all Client data (i.e. APIPA)..

GSA 5

1-i. Subcontracted Management Services

CPSA currently has subcontracts with two management services, Medilert-IRIS and SXC Health Solutions, Inc., serving GSA 5. CPSA intends to continue these subcontracting arrangements. Information on Medilert-IRIS and SXC Health Solutions is provided on the following pages.

GSA 5

MEDILERT – IRIS

1. Medilert-IRIS

P.O. Box 42930

Phoenix, AZ 85080-2930

1-800-846-1351

2. Medilert-IRIS is a division of Castlemark Corporation domiciled in Nevada, and was incorporated in Arizona in 1986.

3. Medilert-IRIS is and will be subcontracted to conduct credentialing and recredentialing primary source verification within NCQA and JCAHO guidelines resulting in prompt and superior data integrity. Through this arrangement, CPSA receives high quality, professional verification of credentials in a timely manner. This allows CPSA to contract readily with professionals who are appropriately credentialed to meet service delivery needs.

4. The positions and hours required annually under this subcontract are those necessary to fulfill the subcontract performance specified above.

5. The compensation arrangement is based on a flat rate for credentialing and recredentialing reports generated by Medilert-Iris as well as an application processing fee per application. The specific payment arrangements are included as Exhibits A, B, and C of the Agreement between CPSA and Medilert-IRIS, which is attached following the attestation. The total annual compensation provided to Medilert-IRIS in Fiscal Year 2004 was \$3,108.00.

6. CPSA employs a Quality Management Coordinator who is the lead on interactions with Medilert-IRIS and is responsible for reviewing the performance of Medilert-IRIS. Weekly status reports of applications in process and pending are received from Medilert-IRIS and monitored for progression. In addition, Medilert-IRIS works cooperatively to identify providers who potentially are due for recredentialing. The Quality Management Coordinator also reconciles Medilert-IRIS invoices to ensure that completed verifications have been received for all providers listed on the invoice. Finally, the Quality Management Coordinator is responsible for review of the verification reports sent on each provider.

7. Attestation follows this narrative.

ATTESTATION

I hereby attest that Medilert-IRIS has never been suspended or excluded from any federal program.

This statement is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately make this statement might result in termination of agreements held with Community Partnership of Southern Arizona and denial of future contracting requests.

Sharlee LeBleu

Sharlee LeBleu, CPCS
Director of Credentialing

9.3.04

Date


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P.O. Box 42930
Phoenix, AZ 85080-2930

Ph 1-800-846-1351
Fax 1-800-765-4814

AGREEMENT

This AGREEMENT is made and entered into this first day of July, 2004 by and between COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA ("CPSA") and MEDILERT-IRIS ("MEDILERT"). This agreement will expire at 5:00 p.m. MST June 30, 2006.

The parties hereto agree as follows:

1. CPSA may, at its sole discretion, submit requests to MEDILERT to conduct primary source verification, known as the "IRIS" credentialing report and/or recredentialing. CPSA will provide to MEDILERT either 1.) a photocopy of a completed practitioner application, resume and/or curriculum vitae and a signed liability release dated within the past twelve months for each IRIS credentialing and/or recredentialing report requested on a medical professional or 2.) the name, address, telephone number, fax number and specialty of each practitioner for which a IRIS credentialing and/or recredentialing report is requested on a medical professional.
2. MEDILERT will conduct primary source verification for the creation of an original IRIS credentialing report in the following areas:
 1. Professional Degree
 - Primary source verification from appropriate education institution in writing or by telephone
 2. Internship(s)
 - Primary source verification from appropriate internship institution in writing or by telephone
 3. Residency(Residencies)
 - Primary source verification from appropriate residency institution(s) in writing or by telephone
 4. Fellowship(s)
 - Primary source verification from appropriate fellowship institution(s) in writing or by telephone
 5. Current staff affiliations
 - Primary source verification from medical staff office of health care entity/entities in writing or by telephone
 6. Current and previous valid licensure
 - Primary source verification from appropriate state licensing board(s) in writing or by telephone
 7. Board Certification, if applicable
 - Entry in the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA) OR


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- Primary source verification from appropriate specialty board in writing or by telephone
 - 8. Current malpractice liability insurance and claims history
 - Primary source verification from malpractice liability carrier including dates, coverage amounts and five-year (5) claims history, if available, in writing or by telephone OR
 - Certificate of Insurance photocopy from practitioner
 - 9. Professional references (maximum of three)
 - Primary source verification from professional references in writing
 - 10. Department of Health and Human (DHHS) Services Medicare/Medicaid status
 - Primary source verification through DHHS Cumulative Sanction Report
 - 11. Valid Drug Enforcement Agency (DEA) certificate
 - DEA record of certification through National Technical Information Service (NTIS) database OR
 - Photocopy of DEA certificate
 - 12. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
 - Primary source verification from appropriate state licensure board(s) in writing or by telephone
 - 13. National Practitioner Data Bank (NPDB) report
 - Primary source verification report from the NPDB
 - 14. Educational Commission for Foreign Medical Graduates (ECFMG), if applicable
 - Primary source verification from the ECFMG
 - 15. Professional employment history (maximum of ten (10) years)
 - Primary source verification from each employer in writing or by telephone
3. MEDILERT will conduct primary source verification for the creation of an original *IRIS* recredentialing report in the following areas:
- 1. Current staff affiliations
 - Primary source verification from medical staff office of health care entity/entities in writing or by telephone
 - 2. Current and previous (prior two years) valid licensure
 - Primary source verification from appropriate state licensing board(s) in writing or by telephone
 - 3. Board Certification, if applicable
 - Entry in the ABMS, AOA OR
 - Primary source verification from appropriate specialty board in writing or by telephone
 - 4. Current malpractice liability insurance and claims history
 - Primary source verification from malpractice liability carrier including dates, coverage amounts and claims history, if available, in writing or by telephone



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5. Professional references (maximum of three)
 - Primary source verification from professional references in writing
 6. DHHS Medicare/Medicaid status
 - Primary source verification through DHHS Cumulative Sanction Report
 7. Valid DEA certificate
 - DEA record of certification through NTIS database
 8. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
 - Primary source verification from appropriate state licensure board(s) in writing or by telephone
 9. NPDB report
 - Primary source verification report from the NPDB
 10. Professional employment history (prior two (2) years)
 - Primary source verification from each employer in writing or by telephone
4. Verification shall consist of confirming information submitted by each practitioner in connection with areas outlined above from primary sources of information in writing. MEDILERT will conduct the following series of requests for each report:
- a. MEDILERT will request written verification from primary sources for each appropriate confirmation area as listed in Exhibit A.
 - b. MEDILERT will conduct telephone verification prior to the issuance of an *IRIS* credentialing and/or recredentialing report to CPSA for those confirmation areas which no written response has yet been received or is unavailable in writing.
 - c. MEDILERT will conduct a *SECOND REQUEST* for written verification from primary sources within forty-five (45) calendar days after the initial written request for those areas for which a written response has not yet been received.

All information obtained pursuant to this Agreement shall be verified as prescribed by the most recent JCAHO guidelines as they pertain to credentialing.

5. CPSA has the option to avail themselves of any other MEDILERT services at their sole discretion at MEDILERT's current fee schedule.
6. MEDILERT agrees to issue an original *IRIS* credentialing and/or recredentialing report within forty-five (45) calendar days of the receipt of the original CPSA request. If the forty-fifth (45th) calendar day falls on a weekend or nationally recognized holiday, the *IRIS* credentialing reports will be sent on the next business day. Each report will summarize the results for primary source verification for areas listed under sections two (2) and/or three (3). The *IRIS* credentialing and/or recredentialing report will also provide a listing of any discrepancies found and photocopies of verification letters received at the time the report is sent. Any such letters of verification received after the *IRIS* credentialing and/or recredentialing report is sent will be forwarded to CPSA on an immediate basis.

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Phoenix, AZ 85080-2930

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Fax 1-800-765-4814

7. An original hard copy *IRIS* credentialing and/or recredentialing report shall be defined as a report issued to CPSA by MEDILERT on bond paper with burgundy text and graphics with report text in black Arial. It is further understood by both parties that completed *IRIS* credentialing and/or recredentialing reports are defined as reports sent to CPSA within the turnaround time stated in section six (6) and contain confirmation for verification areas that have been confirmed in writing and/or verbally at the time the *IRIS* credentialing and/or recredentialing report is sent to CPSA. Each page of each report shall be embossed in the lower right-hand corner with a seal indicating its authenticity. MEDILERT liability shall extend only to the information contained in an original hard copy *IRIS* credentialing and/or recredentialing report as defined in this section.
8. CPSA may request that MEDILERT transmit *IRIS* credentialing and/or recredentialing report information to CPSA electronically in a mutually acceptable format. MEDILERT does not accept any liability for how CPSA so chooses to distribute, alter, edit, delete or change in any form the data received electronically from MEDILERT. CPSA agrees to assume all liability upon receipt of an electronic data transmission from MEDILERT as to CPSA's choices to distribute, alter, edit, delete or change in any form the electronic data transmission received from MEDILERT. Fees in relationship to electronic data transfer are recorded in Exhibits A and B.
9. MEDILERT will provide application processing services to CPSA in addition to processing *IRIS* credentialing and/or recredentialing reports. MEDILERT will provide such functions as outlined in Exhibit C. MEDILERT will only provide such services as directed to do so by CPSA.
10. MEDILERT shall receive payment from CPSA in accordance with Exhibits A, B and C. An invoice will be issued by MEDILERT to CPSA on or about the first business day of each month for all *IRIS* credentialing and/or recredentialing reports completed within the preceding calendar month. CPSA agrees to render payment to MEDILERT within thirty (30) calendar days of the receipt of each invoice.
11. Each party agrees to pay their own shipping and mailing costs in association with the performance of this Agreement. Any items shipped or mailed by CPSA to MEDILERT will be paid for in full by CPSA and any items shipped or mailed by MEDILERT to CPSA will be paid for in full by MEDILERT.
12. Upon the completion of a mutually satisfactory Agreement signed by both parties MEDILERT will provide, upon request, verification to CPSA of an existing general liability and errors and omissions insurance policy with a minimum amount of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) in the aggregate.

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13. All *IRIS* credentialing and/or recredentialing reports sent to CPSA by MEDILERT will be the permanent physical and intellectual property of CPSA. Any work initiated by MEDILERT including correspondence, record maintenance, documents and software customization in the performance of this Agreement shall be the permanent physical and intellectual property of MEDILERT.
14. MEDILERT recognizes and acknowledges that it will have access to certain confidential information of CPSA. MEDILERT agrees to keep such information confidential and that such information provided to any person, firm, corporation, association or other entity for any reason or purpose whatsoever, except to authorized representatives of CPSA and except as may be required by applicable state or federal statute, rules or regulation or ordered by a court or a government agency, will be prohibited by this Agreement.
15. CPSA recognizes and acknowledges that it will have access to certain confidential information of MEDILERT. CPSA agrees to keep such information confidential and that such information provided to any person, firm, corporation, association or other entity for any reason or purpose whatsoever, except to authorized representatives of CPSA and except as may be required by applicable state or federal statute, rules or regulation or ordered by a court or a government agency, will be prohibited by this Agreement.
16. CPSA agrees not to sell MEDILERT *IRIS* credentialing and/or recredentialing reports or information to any entity. CPSA may provide MEDILERT data and reports to any healthcare entity contracted as part of its provider network or under common management or control with CPSA
17. Each party agrees to indemnify, defend and hold the other party harmless from any claim, loss, damage, liability, suit, expense (including legal fees) or other action arising from the execution or performance of this Agreement, except to the extent any such claim, loss, damage, liability, suit, expense (including legal fees) or other action is caused by negligence of the other property.
18. MEDILERT's relationship to CPSA shall be that of an independent contractor. MEDILERT shall not have any claim against CPSA for vacation pay, sick leave, retirement benefits, social security, workman's compensation, disability or unemployment insurance benefits or employee benefits of any kind.
19. Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and sent certified or registered mail, as follows:

If to COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA
4575 E. Broadway
Tucson, AZ 85711

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P.O. Box 42930
Phoenix, AZ 85080-2930

Ph 1-800-846-1351
Fax 1-800-765-4814

If to MEDILERT-IRIS:

MEDILERT-IRIS
2501 W. Behrend Dr.
Suite 29
P.O. Box 42930
Phoenix, AZ 85080-2930

or at any other address as may be given by one party to the other party by notice in writing, pursuant to the provisions of this paragraph.

20. Both parties consent to lawful references to the other party in marketing, advertising, or informational efforts initiated by either party or any third party on behalf of either party.
21. Either party reserves the right to terminate this Agreement, with or without cause, upon sixty (60) days written notice to the other party.
22. *Force Majeure* provisions shall exist in this Agreement: Events outside the control of the contracting parties may prevent contractual obligations from being met. Events not limited to but including revolution, war, seizure of assets, embargoes, economic sanctions, geological and climatic disturbances and Acts of God, may make the fulfillment of obligations impossible, or severely delay its completion.
23. This Agreement shall be subject to and governed by the laws of the State of Arizona.
24. Unless otherwise agreed, either party must notify the other party in writing sixty (60) days prior to the inception of any proposed amendment to this Agreement including but not limited to required applicable guidelines on accreditation standards. The addition of credentialing standards and/or revisions that become part of any amendment to the Agreement may affect the fee of each *IRIS* credentialing and/or recredentialing report.
25. To the extent required by Section 1861 (v) (1) (I) of the Federal Social Security Act:

Until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, MEDILERT shall make available, upon written request, to the Comptroller General of the Department of Health and Human Services or any of their duly authorized representatives, this Agreement, or books, documents and records of MEDILERT that are necessary to certify the nature and extent of any costs claimed to Medicare with respect to the services provided under this Agreement.


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26. Dispute Resolution:


Good Faith Meeting. CPSA and MEDILERT agree to meet and confer in good faith to resolve any problems or disputes that may arise.

Dispute Resolution Process. Both parties commit to cooperate in good faith and to deal fairly in performing its duties under this Agreement in order to accomplish their mutual objectives and avoid disputes. But if a dispute arises, the parties agree to resolve all disputes by the following alternate dispute resolution process: (a) all disputes shall be resolved by binding arbitration, provided that during this process, (b) at the request of either party made no later than seventy-five (75) calendar days after the initial arbitration demand, the parties will attempt to resolve any dispute by nonbinding mediation (but without delaying the arbitration hearing date). The parties confirm that by agreeing to this alternate dispute resolution process, they intend to waive their right to have any dispute decided in a court by a judge or jury.

Arbitration Process. Unless another binding arbitration process is agreed to in writing by the parties, any claim between the parties, including but not limited to those arising out of or relating to this Agreement and any claim based on or rising from an alleged tort, shall be determined by arbitration in Phoenix, AZ commenced and administered by the American Arbitration Association under its Commercial Arbitration Rules, provided that the total award by a single arbitrator (as opposed to a majority of the arbitrators) shall not exceed \$250,000, including interest, attorneys' fees and costs. If either party demands a total award greater than \$250,000 there shall be three (3) neutral arbitrators. Neither CPSA nor MEDILERT may bring any action against the other party more than two (2) years after the acts or conduct giving rise to the dispute.

The arbitrator shall authorize such discovery and enter such pre-hearing orders as may be appropriate to insure a fair private hearing, which shall be held within one hundred twenty (120) calendar days of the demand and concluded within three (3) calendar days. The arbitrator(s)'s written decision shall be made not later than fourteen (14) calendar days after the hearing. The parties shall share equally the fee of the arbitrator.

27. This instrument constitutes the entire agreement of the parties. It may not be changed orally, but only by an agreement in writing signed by the party against whom enforcements of any waiver, change, modification, extension or discharge is sought.
28. Neither MEDILERT nor CPSA may assign their rights or obligations hereunder without the prior written consent of the other party. The only exception to this prohibition is if either party is sold, merged into, or absorbed by another organization, which carries on the party's business. In this limited circumstance the prior written consent of the other party shall not be required.

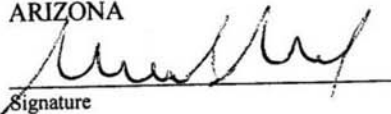
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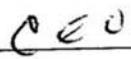
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Fax 1-800-765-4814

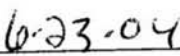
29. In the event that any provision of this Agreement is found to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the validity, legality and enforceability of the remainder of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year herein above written.

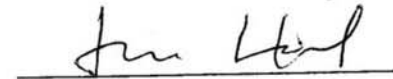
COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA

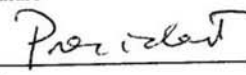

Signature

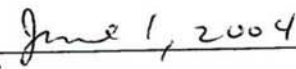

Title


Date

MEDILERT-IRIS


Signature


Title


Date

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EXHIBIT A

IRIS CREDENTIALING REPORT
July 1, 2004

Primary Source Verification Areas:
1. Professional Degree
2. Internships
3. Residencies
4. Fellowships
5. Current Affiliations
6. Current and Previous State Licensure
7. Board Certification
8. Current Malpractice Liability Insurance/Claims History
9. Professional References (maximum of three)
10. DHHS Medicare/Medicaid Sanctions
11. DEA Certification
12. State Board(s) of Medical Examiners Sanctions, Restrictions and/or Limitation on Scope of Practice
13. NPDB Query
14. ECFMG Certification (if applicable)
15. Professional employment history (maximum of ten (10) years)

Each *IRIS* credentialing report will be processed at a flat fee of **\$125** per practitioner during the term of the Agreement. Each *IRIS* credentialing report sent by electronic data transfer will be processed at a flat fee of **\$5** per practitioner during the term of the Agreement.

MEDILERT will also bill CPSA the NPDB query fee per practitioner during the term of this Agreement.


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EXHIBIT B

IRIS RECREDENTIALING REPORT
July 1, 2004

Primary Source Verification Areas:	
1.	Current Affiliations
2.	Current and Previous (prior two years) State Licensure
3.	Board Certification
4.	Current Malpractice Liability Insurance/Claims History
5.	Professional References (maximum of three)
6.	DHHS Medicare/Medicaid Sanctions
7.	DEA Certification
8.	State Licensure, Sanctions, Restrictions, etc. Query
9.	NPDB
10.	Professional employment history (maximum of ten (10) years)

Each *IRIS* recredentialing report will be processed at a flat fee of **\$85** per practitioner during the term of the Agreement. Each *IRIS* recredentialing report sent by electronic data transfer will be processed at a flat fee of **\$5** per practitioner during the term of the Agreement.

MEDILERT will also bill CPS the NDPB query fee per practitioner during the term of this Agreement.

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EXHIBIT C
APPLICATION PROCESSING SERVICES

July 1, 2004

The following administrative/application processing services will be provided in addition to credentialing and/or recredentialing primary source verification services:

1. Application Mailing

- MEDILERT will mail practitioner credentialing application packets and/or recredentialing application packets once directed to do so by CPSA. CPSA must provide MEDILERT with the name, address, telephone and fax number of each practitioner to whom a credentialing or recredentialing application packet should be sent.
- A second notice letter will be sent to all practitioners who do not respond within thirty (30) calendar days from the date that the original application packet was sent.

2. Telephone Contact

- MEDILERT will directly contact practitioners in obtaining necessary documentation in order to initiate and complete a credentialing and/or recredentialing report when a practitioner has omitted information. Direct contact with practitioners will commence when necessary once an application has been received by MEDILERT.
- Three written, fax or telephone requests will be made to a practitioner by MEDILERT in an attempt to obtain the necessary additional documentation. The requests will be made at ten (10) calendar day intervals. The practitioner will bear full responsibility to answer those requests.
- MEDILERT will notify CPSA of any practitioners that do not cooperate with the attempts to obtain necessary documentation. Status reports will be sent to CPSA on a weekly basis.
- MEDILERT will initiate credentialing and/or recredentialing primary source verification once a completed application and the required documentation has been received from each practitioner.

3. Customer Service

- Any questions regarding credentialing procedures and processes, including how to complete the practitioner application will be answered by MEDILERT. MEDILERT will make available to CPSA our toll-free telephone and fax numbers.

4. Recredentialing Tracking

- MEDILERT will track practitioners on a biennial basis for recredentialing. MEDILERT will provide a list of practitioners to CPSA six (6) months prior to the initiation of the recredentialing process.

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Exhibit C Continued:

5. Other Support

- MEDILERT will mail the original application and other documentation that it receives from each practitioner at the same time the credentialing and/or recredentialing report is forwarded to CPSA.

Application processing will be provided at a cost of **\$15** per practitioner application processed.

GSA 5

SXC HEALTH SOLUTIONS, INC.

1. SXC Health Solutions, Inc.
2505 S. Finley Road, #110
Lombard, IL 60148-4867
(630) 268-3600
2. SXC Health Solutions, Inc.'s (formerly known as Systems Xcellence, USA) parent company is Systems Xcellence, Inc. Systems Xcellence, Inc. is a publicly held company traded on the Toronto Stock Exchange under the symbol SXC.
3. SXC Health Solutions, Inc. is currently and will continue to be subcontracted for the online transaction processing of prescription drug claims for covered prescription drug services submitted by participating pharmacies, according to the coverage parameters supplied by CPSA for covered individuals enrolled in CPSA's programs. In addition, through this arrangement, CPSA has access to a variety of reports detailing management activity, member utilization, drug usage, pharmacy provider utilization, and prescriber activity, all of which provide necessary data allowing CPSA to trend, monitor, and assess prescription drug activity on a variety of levels.
4. The positions and hours required annually under this subcontract are those necessary to fulfill the subcontract performance specified above. SXC Health Solutions, Inc. employs over 200 people. Technical support is available to CPSA by toll-free number, Monday through Friday from 7:30 a.m. to 5:00 p.m. (Central Time). Technicians are on-call after normal business hours, weekends, and holidays to assist in any emergency situations that may not be resolved through the 24-hours-a-day, 7-days-a-week, on-site data center staff. Online processing of prescription drug claims occurs 24 hours a day, 7 days a week, and 365(6) days per year.
5. The compensation arrangement is based on transactions processed by SXC Health Solutions, Inc. The specific payment arrangements are included as Exhibits I-VIII of CPSA's Agreement with SXC Health Solutions, Inc., which is attached following the attestation. The total annual compensation provided to SXC Health Solutions, Inc. in Fiscal Year 2004 was \$136,690.33.
6. There are specific performance guidelines to which SXC Health Solutions, Inc. has agreed as part of this subcontract arrangement. These guidelines are included as Exhibit IX of CPSA's Agreement with SXC Health Solutions, Inc. SXC Health Solutions, Inc. measures performance against the key indicators outlined in Exhibit IX, and reports the results to CPSA on a quarterly basis. These quarterly reports will be reviewed by the CPSA Pharmacy Services Manager for adherence to the service standards. The position of Pharmacy Services Manager is responsible for identifying needs for improvement based on these reports and developing corrective plans of action with SXC Health Solutions, Inc.
7. Attestation follows this narrative.

ATTESTATION

I hereby attest that Systems Xcellence, USA, Inc. has never been suspended or excluded from any federal program.

This statement is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately make this statement might result in termination of agreements held with Community Partnership of Southern Arizona and denial of future contracting requests.



Jeff Jensen, Senior Vice President of Business Development/Operating Officer
Systems Xcellence USA, Inc.

9/3/04
Date

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Community Partnership of Southern Arizona**AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS
Amendment #4**

Page 1 of 1

Effective July 1, 2003, the Agreement for the Online Transaction Processing of Prescription Drug Claims between SXC Health Solutions, Inc. (formerly known as Systems Xcellence/ComCoTec, Inc.) and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from July 1, 2003 to June 30, 2005.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

SXC Health Solutions, Inc.:Signature: Kel KettlewellName: Kelly KettlewellTitle: V.P. Sales & MarketingDate: 8-03-04**Community Partnership of Southern Arizona:**Signature: Neal CashName: Neal CashTitle: Chief Executive OfficerDate: 8-5-04

Community Partnership of Southern Arizona**AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS
Amendment #3**

Page 1 of 1

Effective March 1, 2003, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from March 1, 2003 to June 30, 2003.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

Systems Xcellence USA Inc.:

Signature: Kelly Kettlewell
Name: KELLY KETTLEWELL
Title: V.P. SALES & MARKETING
Date: 4/17/03

Community Partnership of Southern Arizona:

Signature: Neal Cash
Name: Neal Cash
Title: Chief Executive Officer
Date: 4-14-03

Community Partnership of Southern Arizona

AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS Amendment #2

Page 1 of 1

Effective March 1, 2001, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. In accordance with the agreement described above (the "Agreement"), ComCoTec, Inc., a Tennessee corporation (the "Seller"), hereby provides notice that Seller is assigning the Agreement and its interest therein and obligations thereunder to Systems Xcellence USA Inc., a Texas corporation ("Purchaser"), pursuant to the acquisition of substantially all of the assets of Seller and assumption of certain liabilities of Seller by Purchaser (such transactions shall collectively be referred to herein as the "Transaction"). The undersigned acknowledges that Purchaser and Seller will rely on this consent in connection with the Transaction and hereby certifies as follows:

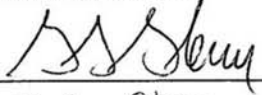
- i. The undersigned and Seller are parties to the agreement described above (the "Agreement").
- ii. The undersigned hereby consents to the assignment by Seller and the assumption by Purchaser of the Agreement and of all of Seller's right, title and interest thereunder upon closing of the Transaction, and the undersigned agrees to release Seller from any further liability or obligation under the Agreement.

2. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement, from March 1, 2001 to February 28, 2003.

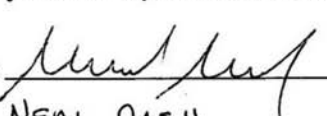
All other terms, conditions and provisions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of the date set forth below.

Systems Xcellence USA Inc.:

Signature: 
 Name: G.S. Glenn
 Title: Pres/CEO
 Date: 11/3/02

Community Partnership of Southern Arizona:

Signature: 
 Name: NEAL CASH
 Title: Chief Executive Officer
 Date: ~~10~~ 12/17/01

Community Partnership of Southern Arizona

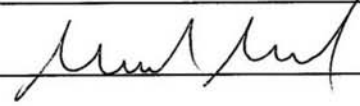

AGREEMENT FOR THE ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS Amendment #1

page 1 of 1

Effective March 1, 2000, the Agreement for the Online Transaction Processing of Prescription Drug Claims between ComCoTec, Inc. and Community Partnership of Southern Arizona ("CPSA") is amended to:

1. Extend the end-date of this Agreement in accordance with Section Ten Term of Agreement ,
from February 29, 2000 to February 28, 2001.

All other terms, conditions and provisions of the Agreement shall remain unchanged.

CPSA:		Community Partnership of Southern Arizona
Signature:		
Print Name and Title:		Neal Cash, Chief Executive Officer
Date:		6-20-00
		ComCoTec, Inc.
Signature:		
Print Name and Title:		Jeff P. Jensen, Vice President Professional Services
Date:		6-12-00

**AGREEMENT FOR THE
ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS**

This Agreement for the Online Transaction Processing of Prescription Drug Claims is entered into this 12th day of February, 1999 by and between:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

(hereinafter referred to as "Client"), having a place of business at:

**4575 E. Broadway
Tucson, AZ 85711**

and ComCoTec, Inc., a Tennessee Corporation (hereinafter referred to as "ComCoTec"), having its principal place of business at 2505 S. Finley Road, Suite 110, Lombard, IL 60148.

RECITAL

Client and ComCoTec desire to establish a system for the Online Transaction Processing of prescription drug claims for Programs and Benefit Plans relating to prescription drug services provided by Participating Pharmacies to Covered Individuals or Members enrolled in Client's Programs. Client desires to use the services provided by ComCoTec's RxCLAIM Pharmacy Claims Online Transaction Processing System (RxCLAIM) and ComCoTec desires to provide such services under the mutually agreed terms and conditions as set forth herein. Therefore, in consideration of the mutual promises, covenants and representations of the parties, the sufficiency of which is hereby acknowledged, the parties agree as follows:

**SECTION ONE
Performance of Services**

(a. Online Transaction Processing of Prescription Drug Claims from Participating Pharmacies) ComCoTec shall be responsible for Online Transaction Processing of prescriptions for Covered Prescription Drug Services submitted by Participating Pharmacies, according to the coverage parameters and member file information supplied by Client. Such Online Transaction Processing shall include eligibility and coverage determination, calculation of allowable costs and applicable deductibles, coinsurance or copayments, and communication of payment disposition to Participating Pharmacies and other such actions as detailed in Section Three.

(b. Benefit Plan Files) ComCoTec will establish and maintain the following files from Benefit Plan-specific information, furnished by Client: Member File, Employer Group File, Prescriber File (if required by Client), and Pharmacy File. Maintenance will be performed within two (2) working days if Client submission is on electronic media acceptable to ComCoTec on ComCoTec I/O format and machine readable by ComCoTec, and in not more than five (5) days if Client submission is on paper. Client agrees to reimburse ComCoTec for the establishment and maintenance of the files as shown on Exhibit II.

(c. NDC File) ComCoTec will maintain a NDC (National Drug Code) file for prescription drugs and required elements for each NDC. ComCoTec will update the file weekly from information provided by Medi-Span Corporation's MDDB or other mutually agreed source. The file will permit Client to develop plan specifications based on Average Wholesale Price (AWP), Maximum Allowable Cost (MAC), days of supply (minimum/maximum), Benefit Plan inclusions and/or exclusions, package size dispensed and generic indicator.

(d. Remote client and client's client access) If Client or client's client elect to purchase and install optional ComCoTec-approved terminal equipment capable of interfacing with RxCLAIM, ComCoTec will provide user documentation, professional support and training in the use of the RxCLAIM System and access to the System at the charges listed for such services in Exhibit VI.

(e. Payor Sheet) ComCoTec will prepare and forward to Client a ComCoTec RxCLAIM Pharmacy Payor Sheet for reproduction and distribution by Client to Participating Pharmacies. The Payor Sheet will detail the method for submission of claims from the Pharmacy to RxCLAIM, and information concerning procedures for resolution of prescriptions rejected by RxCLAIM.

(f. Claims History) ComCoTec will maintain claims history for a total of five (5) years with the most recent six (6) months' history made available for on-line viewing. Claims history will not be maintained by ComCoTec after termination of this Agreement. ComCoTec will forward the history of all paid claims to Client on readable magnetic tape in ComCoTec I/O format within sixty (60) working days of such written request by Client. Charges for this service will be at the then current rate to provide such service. Current rates of service are shown on Exhibit II.

(g. Standard Management Reports) ComCoTec will provide Client with one copy of standard management reports as selected by Client from ComCoTec's current Standard Report Catalog. The titles of the available standard management reports are included in Exhibit X. Client may change selected reports to be provided not more often than every 3 months by written notification to ComCoTec. Management reports will be provided to Client at the charges shown in Exhibit IV.

(h. Report Clarification and Audits) In order to clarify information supplied in the Standard Management Reports, Client reserves the right to request reasonable additional information or response from ComCoTec. At its own expense, Client may conduct independent concurrent and retrospective audits of ComCoTec' activities.

(i. Financial Reports) ComCoTec will provide Client with one (1) copy of financial reports covering each reimbursing check writing cycle. Examples of the provided financial reports are supplied in Exhibit X.

(j. Checks to Participating Pharmacies) At Client's request, ComCoTec will draft reimbursement checks (the "Checks") for distribution by Client to Participating Pharmacies each month or on such other schedule as is designated by Client. With the Checks to Participating Pharmacies, ComCoTec will provide Client with a report of the claims being paid. Upon receipt of such report, Client will verify and approve all payments to be made. Client will promptly advise ComCoTec of any errors or discrepancies shown in such report, recapping the total amount of all claims to be paid. The charge for each Check issued is listed in Exhibit III.

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(k. Direct Reimbursement Claim Forms) ComCoTec and Client shall agree on a format for direct reimbursement claim forms to be used for hardcopy submission of claims to ComCoTec in situations when Online submission is not available. Said forms will be distributed by Client to Client's members for submission to ComCoTec for entry by ComCoTec as direct reimbursement claims. Client will reimburse ComCoTec for each direct reimbursement claim for the charge listed in Exhibit I.

(l. Utilization Review) Client may elect optional online Drug Utilization Review (DUR) services available in the RxCLAIM System for no additional charge. Should Client elect said services, ComCoTec shall perform online Drug Utilization Reviews for Client as set forth in Exhibit XI attached hereto.

(m. Schedules /Attachments) This Agreement includes and incorporates by reference the following Schedules: Schedule I and Exhibits I – XII.

SECTION TWO

Client's Responsibilities

(a. Compensation to ComCoTec) Client will reimburse ComCoTec in accordance with Exhibits of this Agreement. Client agrees to pay all valid invoices submitted by ComCoTec within 30 days of receipt. Client agrees that invoices remaining unpaid over 45 days from date of receipt by Client from ComCoTec will be charged interest at the rate of 1 1/2% per month.

(b. Guaranteed Monthly Processing Minimum) Client agrees that during the initial and all succeeding terms of this Agreement, it will be responsible for a minimum monthly claims processing charge identified in Exhibit I. This minimum charge will apply in any month in which actual claims processing charges fall below the minimum level.

(c. Claims Specifications) Client will provide specifications for each Benefits Plan or Program in sufficient detail to permit ComCoTec to perform its duties as described in Section One and Section Three herein for claims submitted under each Benefit Plan or Program. Since Client changes to Benefit Plan or Program specifications may require RxCLAIM changes, such changes will be coordinated with ComCoTec to assure timely implementation and minimal disruption of ongoing Benefit Plans or Programs. This Agreement provides that changes to Benefit Plan or Program specifications will be submitted to ComCoTec with thirty day advance written authorization from Client. More frequent changes may be available at additional charge. In no event will Benefit Plan or Program changes be made without ten (10) days advance written notice of the required implementation date. ComCoTec shall not be responsible for any changes to any previously established Benefit Plan or Program-specific information until ComCoTec shall have confirmed its agreement to and acceptance of such changes to Client in writing and shall have specified a date for change implementation.

(d. Member File) Client will provide, or cause to be provided or accessed, a complete file on electronic media acceptable to ComCoTec, in ComCoTec I/O format and machine readable by ComCoTec, of all members of each Benefit Plan or Program covered by this Agreement (Member File). Client will promptly furnish ComCoTec on electronic media acceptable by ComCoTec, in

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ComCoTec I/O format and machine-readable by ComCoTec, with files containing the identification of members whose enrollment has been terminated and a complete record for each new member. If Client is unable to furnish such acceptable electronic media tape, ComCoTec will input the initial and maintenance entries manually at the charge shown in Exhibit II.

(e. Prescriber File) If so requested by Client, Client will provide ComCoTec on acceptable electronic media with sufficient information relating to each Participating Physician to permit the creation of a full functioning prescriber file.

(f. Pharmacy File) Client will provide ComCoTec with sufficient information for each Participating Pharmacy to support the processing specified in this Agreement.

(g. Client's Ability to Modify) Client and ComCoTec may agree to modify the obligations and responsibilities of ComCoTec during the tenure of this Agreement upon written request delivered to ComCoTec in the manner described below. In such event, and upon acceptance by ComCoTec of the modification(s) Client agrees to be responsible for additional normal and customary fees and expenses, at the then prevailing rate charged by ComCoTec, required to effectuate such modification(s).

SECTION THREE

ComCoTec/Participating Pharmacy Interface

(a. Claims Submission) Participating Pharmacies will be required to submit bills for Covered Services to ComCoTec or its designee in accordance with the procedures detailed in the National Council of Prescription Drug Programs (NCPDP) Online Claims Submission Telecommunication Standard, Version 3.2.

(b. Claims Quality) ComCoTec will edit claims information online based upon individual Benefit Plan or Program guidelines. Missing, illegible or erroneous information will cause claims to be rejected and the Participating Pharmacy will be notified online according to the NCPDP standards for communicating such rejections. All such rejected claims must be resubmitted in their entirety.

(c. Participating Pharmacy Reimbursement Calculation) Participating Pharmacy Reimbursement Calculation for each claim submitted will be accomplished by applying a pharmacy Benefit Plan and/or Program-specific algorithm which will cover various combinations of AWP, MAC, generic incentive amount, days supply, formulary inclusion/exclusion, copay amounts, refills and dispensing fees. Additional parameters may be incorporated upon the mutual agreement of Client and ComCoTec so as to ensure that the RxCLAIM computer programs will accommodate the additional parameters. Reimbursement will be based upon the National Drug Code (NDC) file in effect on the date the prescription is filled and will apply to claims submitted within time frames to be established by Client and ComCoTec.

(d. Processing Cycle) The frequency and timing of claims processing reimbursement cycles and the cutoff date through which such claims will be processed shall be mutually agreed upon between Client and ComCoTec.

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(e. Pharmacy Correspondence) Upon completion of each Processing Cycle, ComCoTec will provide a claims reconciliation report to Client for each Client Participating Pharmacy submitting claims. ComCoTec will provide sufficient telephone service to properly handle calls from Participating Pharmacies arising from the pharmacy correspondence described in this Section. In the event ComCoTec cannot resolve claims disputed by Participating Pharmacies, ComCoTec will instruct the Participating Pharmacy to contact Client for resolution.

(f. Disapproved Claims) All disapproved claims shall be returned to the submitting pharmacy with a brief explanation of the reasons for disapproval. Should Client determine that a previously disapproved claim should be paid and so direct ComCoTec, payment of such claim shall be accomplished promptly by ComCoTec provided that Client has notified ComCoTec of such in writing. Subject to the terms and conditions herein, Client shall make the final determination regarding payment of all submitted claims. ComCoTec will promptly refer to Client all inquiries to ComCoTec by insurance departments, attorneys, claimants or other persons following the denial of any claims.

SECTION FOUR

Limitation of Liability

(a) Each Party (Client and ComCoTec) agree to hold harmless the other for any claim of loss or damage incurred on account of either party's wrongful acts, errors or omissions arising out of the performance of this Agreement.

(b.) Client acknowledges that the drug utilization review portion of the System, as described in Exhibit XI is to be used only as a guide and is not to be regarded or relied on as a substitute for the skill, judgement and care of pharmacists or other professional personnel in dispensing pharmaceutical products. ComCoTec shall not, under any circumstances, be liable or responsible for injury, including death, suffered by any consumer of any pharmaceutical or any other product dispensed or distributed by any person or entity using the System for any purpose, or for any side effects or other consequential or incidental damages of any kind or description whatsoever from the use of any such product, it being expressly understood that such liability and responsibility rests entirely upon the pharmacist or other professional involved in the transaction. Client further agrees to identify this Limitation of Liability in writing to all Participating Pharmacies.

SECTION FIVE

Confidentiality

ComCoTec will maintain the confidentiality of information contained in Covered Individuals' medical records and will only release such records: (a.) in accordance with this Agreement, (b.) subject to applicable laws, regulations, or orders of any court of law, or (c.) with the written consent of the Covered Individual.

In the provision of medical and other professional services, ComCoTec serves as a Qualified Service Organization to the Client, and vice-versa, under the terms of 42 C.F.R. part 2. As Qualified Service Organizations, ComCoTec and Client may exchange confidential information regarding clients' drug and alcohol abuse diagnosis and treatment.

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- (a) Client and ComCoTec acknowledge that in receiving, storing, processing or otherwise dealing with any client records regarding drug or alcohol abuse, Client and ComCoTec are fully bound by federal regulations governing the confidentiality of such records (i.e., 42 C.F.R. part 2).
- (b) If necessary, Client and ComCoTec will resist in judicial proceedings any efforts to obtain access to client records except as permitted by federal regulations.

The RxCLAIM System and the ideas and concept and the expressions thereof are acknowledged by Client to be confidential proprietary information and trade secrets belonging to ComCoTec, in which Client has no interest and no right to access thereof except as granted by this Agreement. Client agrees that it shall not, and it shall not permit others to, at any time, without prior written permission of ComCoTec, copy, duplicate or download any object programs, record layouts, or database design documents of the System and related documentation, and Client shall not transfer all or any portion of the System or its ideas and concepts other than for Client's own use.

Neither Client nor ComCoTec shall disclose any confidential information or knowledge of the other party learned or acquired as a result of the operations of this Agreement, except as otherwise required by applicable law or regulations. ComCoTec may, however use such data and information for statistical and analytical purposes. The provisions of this Section shall survive the termination of this Agreement.

SECTION SIX

Limitation on Billing Covered Individuals or Members

ComCoTec agrees that in no event, shall ComCoTec bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Covered Individual or persons other than Client acting on the Covered Individual's behalf for Covered Services provided pursuant to this Agreement. This provision shall not prohibit collection of any applicable Copayments, Deductibles, or Coinsurance amounts billed in accordance with the terms of contract between Client and the Covered Individual. This provision shall not prohibit collection for non-Covered Services or from third parties when such parties are primarily responsible for paying Covered Services.

ComCoTec further agrees that: (a.) this provision shall survive the termination of this Agreement regardless of the cause giving rise to termination; and (b.) shall be construed to be for the benefit of Client's Covered Individuals.

SECTION SEVEN

Access to Books and Records

ComCoTec will maintain medical, financial and administrative records pursuant to this Agreement, in accordance with applicable Federal and state laws. Client, its authorized representatives and duly authorized third parties, such as but not limited to governmental and regulatory agencies, will have the right to inspect, review and make copies of such records directly related to this Agreement, upon reasonable notice, during regular business, subject to the valid release that Client obtains from such Covered Individuals or their legal representatives. Those records may be examined and audited by

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Client throughout the year in which they are established and for a period of five (5) years thereafter. This provision shall survive the termination of this Agreement.

SECTION EIGHT

Relationship of Parties

ComCoTec and Client are independent contractors. This Agreement will not create an employer-employee, partnership or joint venture relationship between ComCoTec and Client or their respective directors, officers, employees or agents.

This Agreement shall not be deemed to create any rights or remedies in persons who are not parties to this Agreement except as otherwise set forth in this Agreement.

SECTION NINE

Dispute Resolution Procedures

The parties shall make a good faith effort to resolve any disputes arising during the term of this Agreement. If they are unable to resolve the dispute through informal discussions, either party may submit a written complaint to the other party describing and proposing a manner of resolving that dispute.

The party receiving that complaint shall respond by accepting, rejecting, or modifying that proposal, in writing, within thirty (30) days of the date that it receives the complaint.

If the dispute cannot be resolved pursuant to the above, the dispute shall be resolved by resort to the Client and Arizona Department of Health Services provider grievance procedures. Grievance procedures shall be the exclusive manner by which ComCoTec may challenge adverse actions, decisions or policies set forth by the Client.

This Agreement shall be construed in accordance with Arizona law and any legal action thereupon shall be initiated in an appropriate court of the State of Arizona, subject to the grievance procedures above.

This dispute resolution procedure shall not be applicable to disputes concerning procedures or policies that Client is required to implement pursuant to applicable State or Federal regulations or directives.

Client shall be responsible for resolving disputes with Participating Pharmacies and Covered Individuals or Members. Client shall be entitled to request a written explanation from ComCoTec, if such dispute is directly or indirectly the result of ComCoTec's act or omission. ComCoTec further agrees to make representatives who are knowledgeable about the factual circumstances giving rise to such dispute available at Client's request to participate in resolving such disputes.

SECTION TEN

Term of Agreement

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The initial term of this Agreement will be from March 1, 1999, through February 29, 2000 (the "Initial Term"), subject to the terms herein, with options to renew for one (1) consecutive one year term unless terminated pursuant to Section Eleven below.

SECTION ELEVEN

Termination

- (a.) This Agreement may be terminated at any time by mutual written consent of the parties.
- (b.) This Agreement may be terminated without cause upon one hundred and twenty (120) days prior written notice.
- (c.) Either party may terminate this Agreement for cause upon thirty (30) days written notice to the other party specifying the manner in which that party has materially breached its obligations pursuant to the Agreement. The Agreement shall terminate automatically at the expiration of such thirty (30) day period if that party has not cured its breach within such period and delivered evidence of such cure to non-breaching party or has not provided a plan for cure of said breach which is acceptable to the non-breaching party.
- (d.) This Agreement may be terminated without the consent of or notice to any Account, Covered Individual, other Participating Providers or other third parties.
- (e.) All payments by the Client to ComCoTec are conditioned upon availability to the Client from Arizona Department of Health Services (ADHS) of funds authorized for expenditure.

SECTION TWELVE

Effect of Termination

The Agreement will be of no further force or effect as of the date of termination except that:

- (a.) Each party will remain responsible for any obligations or liabilities arising from activities carried on by the party, its agents or employees during the period the Agreement remains in effect. Each party will retain the right to seek any redress available under law for any loss or injury caused by the other party as a result of that party's breach of its obligations under this Agreement.
- (b.) The parties shall cooperate to promptly resolve any outstanding financial, administrative or patient care issues upon the termination of this Agreement. ComCoTec agrees not to initiate any action that interferes with the relationship between Client and current or prospective members, Accounts or other Participating Providers during the term of this Agreement, with the exception of any legal proceedings pursuant to Client's obligations to ComCoTec under the terms of this Agreement.

SECTION THIRTEEN

Non-Exclusivity

This Agreement shall not be construed to be an exclusive agreement between Client or ComCoTec, nor shall it be deemed to be an agreement requiring Client to utilize ComCoTec for any or all of its

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Benefit Plans or Programs, nor shall it preclude Client from transferring Covered Individuals or Programs to other Pharmacy Online Transaction Processing Vendors.

SECTION FOURTEEN

References to the Parties

ComCoTec and Client consent to lawful references to this Agreement in informational documents distributed by both parties or any third party on behalf of either party. Neither party will otherwise use the other party's name, symbol, trademarks or services marks without the prior consent of that party, which shall not be unreasonably withheld, and will cease any such use as soon as is reasonably possible upon termination of this Agreement.

SECTION FIFTEEN

Amendment

Any amendments to the Agreement or its Exhibits will be effective only if in writing and signed by ComCoTec and Client. Revisions of the Payor Sheet or Medical Management policies or procedures shall not constitute amendments of the Agreement or its Exhibits, provided such revisions do not conflict with the terms of this Agreement or the Exhibits.

SECTION SIXTEEN

Waiver of Breach

Waiver of a breach of any provision of this Agreement will not be deemed a waiver of any subsequent breach of the Agreement.

SECTION SEVENTEEN

Severability

In the event that a provision of this Agreement is rendered invalid or unenforceable by state of Federal statute or regulations or declared null and void by any court of competent jurisdiction, the remaining provisions of this Agreement will remain in full force and effect.

SECTION EIGHTEEN

Entire Agreement

This Agreement, its Exhibits, and any documents incorporated by reference constitute the entire Agreement between the parties. It supersedes any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement.

SECTION NINETEEN

Attorney Fees

If either party institutes any action, suit or arbitration proceeding to enforce the provisions of this Agreement, each party shall be responsible for its own costs and attorney fees.

SECTION TWENTY
Assignment and Sub-Contracting

Neither party shall assign to or contract with another party for the performance of its obligations under this Agreement without the prior written consent of the other party, which shall not be unreasonably withheld. This Agreement will be binding upon and inure to the benefit of the respective successors and assigns of Client and ComCoTec except as provided in this Section.

SECTION TWENTY-ONE
Impossibility of Performance

Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing its obligations for reasons beyond its control, including without limitations, acts of God or of the public enemy, flood or storm, strikes, or statute, rule or action of Federal, State or local government agency.

SECTION TWENTY-TWO
Warranty of Authority and Disclaimer

(a.) ComCoTec represents and warrants that it has full right, power and authority to enter into this Agreement and that the RxCLAIM System will perform as required to comply with the terms of this Agreement, and will not infringe upon the proprietary rights or violate the contractual rights of any third party. ComCoTec shall, at its expense, defend Client against each party law suit against either of them resulting from a breach of the foregoing warranty. ComCoTec shall pay all costs, damages, and reasonable attorneys' fees awarded to any such third party, provided Client promptly notifies ComCoTec in writing of the law suit and gives ComCoTec sole control of the defense and all related settlement negotiations.

(b.) Accordingly, and except as otherwise expressly provided in sub-section "a" hereof, ComCoTec makes no representation or warranty of any kind whatsoever, express or implied, and expressly disclaims any and all such warranties, including, without limitation, any implied warranties of merchantability or fitness for a particular purpose.

SECTION TWENTY-THREE
Notice to Parties

All notice provided for herein shall be in writing and delivered in person, or, in the alternative, by delivering same via United States Mail, postage prepaid, registered or certified mail, addressed as follows or to such other address as the party may specify in writing:

Notice Directed to Client:

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA
4575 E. Broadway
Tucson, AZ 85711
ATTN: CONTRACTS DIVISION

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Notice Directed to ComCoTec:

COMCOTEC, INC.
2505 S. Finley Road, Suite 110
Lombard, Illinois 60148
ATTN: CONTRACT ADMINISTRATION

SECTION TWENTY-FOUR
Notification of Actions

ComCoTec will promptly notify Client as soon as ComCoTec becomes aware of any material changes affecting their ability to comply with its duties and obligations pursuant to this Agreement such as the issuance of any formal charges against ComCoTec by any governmental agencies or any licensing or accreditation organization which would, if sustained, materially impair ComCoTec' ability to comply with its duties and obligations pursuant to this Agreement.

SECTION TWENTY-FIVE
Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona and applicable Federal laws and regulations.

IN WITNESS WHEREOF, the parties have executed this Agreement intending to be bound on and after the date set forth in Section Ten above.

COMMUNITY PARTNERSHIP OF
SOUTHERN ARIZONA:

By: Judy C. Johnson

Name: Judy C. Johnson

Title: Acting CEO

Date: January 28, 1999

ComCoTec, Inc.

By: JP Jensen

Name: Jeff P. Jensen

Title: VP Professional Services

Date: February 12, 1999

SCHEDULE I
DELIVERABLES FOR ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS

Community Partnership of Southern Arizona (CPSA)				
Reference	Deliverable to CPSA	Due Date	Submit Information To	Form Req'd (X)
I. Programs/Contracts				
1. Agreement between Client and ComCoTec	Certificate of Liability Insurance	Within 30 Days of Agreement Execution	Contracts Specialist	
2. Agreement between Client and ComCoTec	Copies of User Manual; Updates / Changes to existing User Manual	Within 30 Days of Agreement Execution; Within 30 days of approval	Contracts Specialist	

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EXHIBIT I

RxCLAIM: Online Transaction Processing

A transaction is defined as an occurrence of each claim, reversal, or other authorized NCPDP formatted submission. A transaction is counted as processed when a recognized response status is generated.

On-Line Service Bureau

Transactions Per Month	Base Fee Per Transaction
Less than 49,999*	\$0.22
50,000 – 149,999	\$0.21
150,000 – 499,999	\$0.20
500,000 – 999,999	\$0.19
Over 1,000,000	\$0.18

Other Transaction Fee Based Services

Service	Fee Per Transaction
Switching	\$0.05
Member: Deductible/Cumm. Max. or Plan Benefit Max	Included
Dual Pricing	\$0.04
Help Desk (Provider)	Included
Help Desk (Member)	\$0.05
RxTRACK	\$0.03
DUR	Included

* Monthly Minimum Fee: \$2,500

EXHIBIT I (cont.)

RxCLAIM: Online Transaction Processing

Manual

ComCoTec Data Entry:	
Pharmacy Reimbursement	
UCF	On-Line Txn Fee + \$2.50
Other	On-Line Txn Fee + \$5.00
Member Reimbursement	
NCPDP DMR Form	On-Line Txn Fee + \$3.00
Other	On-Line Txn Fee + \$6.00
Client Data Entry:	On-Line Txn Fee

Batch (History, Submission, Data Analysis)

ComCoTec Format	\$0.05 per Txn
Custom Format	\$0.05 per Txn + Consulting Rate II (see Exhibit VIII for Rate Schedule)

EXHIBIT II

RxCLAIM: Files

Format	
ComCoTec Standard	Included
First Custom Re-Format	Included
Additional Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)
Media	
Electronic	
ComCoTec Standard	Included
Non-Standard	Consulting Rate II
Hard Copy Data Entry	Consulting Rate I (see Exhibit VIII for Rate Schedule)
Transfer Methodology	
TBD	

Data Inputs

Type

Eligibility	(Group, Member)
Provider	(Pharmacy, Prescriber)
History	(Paid Claims*, Prior Auths, Deductible, Benefit Max)
Plan	(Formularies)
Other	

Load Frequency

TBD

Load Type

Update	Included
Daily Full File Refresh	\$750 per Month
Weekly Full File Refresh	\$100 per Month
Monthly/Quarterly Full File Refresh	Included

Data Outputs

Type

NCPDP Version 2 Billing
NCPDP Version 2 Payment
Other ComCoTec Standard Formats

*Paid Claims History is loaded at the batch transaction rate (see Exhibit I).

EXHIBIT III

RxCLAIM: Payment Processing

File

Format

ComCoTec Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Media

Electronic	
ComCoTec Standard	Included
Non-Standard	Consulting Rate II

Frequency

Payment Cycle	Included
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Transfer Methodology

TBD

Disbursement

Reports

Cash Requirements Report
Checks
Check Register
Remittance Advice Hard Copy
NCPDP Version 2 Payment Tape (average > 100 claims per cycle per payee)
(Remittance Advice and Payment Tape/Single Payee \$100 per tape)
Explanation of Benefits

ComCoTec Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Distribution

Client	Included
ComCoTec	Consulting Rate II

EXHIBIT IV

RxCLAIM: Reports

Operational

ComCoTec Standard	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Management

ComCoTec Standard	see below
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Media

Paper	\$.07 per page
Electronic	
25,000 Pages/Contract Year	Included
Additional Pages	\$.03 per page
CD-ROM	
20 CDs/Contract Year	Included
Additional CDs	\$75 each
Reveal PC Report Viewer	
First Seat	Included
Additional Seats	\$250 each; 15% annual maintenance

Distribution

File Transfer	Included
Ground Service	Incurred Postage + 20% Handling
Express Service	
Charged to ComCoTec	Incurred + 20% Handling Fee
Charged to Client	N/A

Query

ComCoTec Standard	\$100 per Query Report
Custom	Consulting Rate II (see Exhibit VIII for Rate Schedule)

EXHIBIT V

RxTRACK

Outputs

Data Cubes	Included	Additional
ComCoTec Information Base Cube	1 per month	\$495/cube/month
ComCoTec Focus Cube	0	TBD
ComCoTec Custom Cube	0	TBD

Remote Query Access

Library ComCoTec Standard Queries

1 Seat Included
Additional Seats \$395/Seat/Month

Ad Hoc Query Capability

1 Seat \$100/Seat/Month
Additional Seats Standard Queries + \$100/Seat/Month

PC Based Analytical Tools

COGNOS Power Play

1 Seat Included
Additional Seats \$695/Seat + 20% Annual Maint.

Showcase Strategy

Included

Distribution (see Exhibit II)

Data Retention

15 Months Included
Each Additional Month \$0.005 per Txn

EXHIBIT VI

RxCLAIM: Miscellaneous Services

Connectivity

Service Provider Charges

TBD

User Security for Operational Databases

10 On-Line User IDs	Included
Additional User IDs	\$100/User ID/Month
Client Access	\$250/User ID/Month

Data Retention

Operational

On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn

Informational

Base Extract	
On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn
Off-Line	
5 Years	Included
Restore Archived Data	
Once per Contract Year	Included
Each Additional Restore	\$500
ComCoTec	Consulting Rate II

Call Center Support Service

Monday – Friday	8:00AM - 9:00PM	CST
Saturday – Sunday	8:30AM - 5:00PM	CST
Holidays	As Announced	

Support Service Fees

Prior Auth Physician Calls	\$10.00 per Call
Prior Auth Protocols	TBD

EXHIBIT VII

RxCLAIM: Training & Documentation

Training

RxCLAIM

User Training	Included
5 Users/3 Days	Consulting Rate II
Additional Training	Consulting Rate III
Technical Training	(see Exhibit VIII for Rate Schedule)

RxTRACK

User Training	Included
2 Users/2 Days	Consulting Rate II
Additional Training	(see Exhibit VIII for Rate Schedule)

Documentation

User Manuals

RxCLAIM/RxTRACK Standard	Included
2 Sets	\$50 per Chapter
Additional Sets	Consulting Rate II
Custom	(see Exhibit VIII for Rate Schedule)

EXHIBIT VIII
Consulting Rate Schedule

Hourly Consulting Rates	Rate Per Hour
Rate I: Data Entry, Travel Time	\$60.00
Rate II: Programming, Queries, Tech. Support, Application Training	\$120.00
Rate III: Business Analysis, On-Site Tech. Support, Technical Training	\$180.00
Rate IV: Strategic Planning, Sales & Marketing	\$240.00

Travel at Client Request

Transportation	Reasonable as Incurred
Lodging	Reasonable as Incurred
Meals	Reasonable as Incurred

Sales and Marketing Support

Request for Proposal Assistance	Consulting Rate II
Marketing Materials Assistance	Consulting Rate II
Presentation Attendance	Consulting Rate IV
Strategic Planning	Consulting Rate IV

Professional Services

Clinical Programs	Consulting Rate III
Formulary Development	Consulting Rate III
Benefit Analysis	Consulting Rate III

Services not identified above will be quoted upon request.

EXHIBIT IX

ComCoTec PERFORMANCE GUIDELINES

ComCoTec will measure performance quarterly and shall report results to client. The performance will be measured for ComCoTec's service bureau book of business.

On-Line Transactions

Local	Average < 3 Seconds per Transaction* (From when the transaction enters RxCLAIM and when it leaves RxCLAIM System)
System Availability	Average > 98% Availability* (24 hours per day, 7 days per week)

Manual Claim Entry

Member Reimbursement	Not to Exceed 10 Business Days of Receipt
Pharmacy Reimbursement	Not to Exceed 15 Business Days of Receipt

Batch Claims Processing

Initial History on Implementation	5 business days to load every thirty (30) days of history
Claims History	After conversion load, every thirty (30) days of history will be loaded within ten (10) business days of receipt

Interactive Users

Screen Changes	Average < 3 Seconds* (From entry key to screen coming up on 5250 terminal)
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Eligibility Loads

Group, Member, Provider	Not to Exceed 36 Hours of Receipt
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Call Center Support Services

Average Wait	45 Seconds*
Abandon Rate	Not to Exceed 5%*

Payment Process Deliverables Based on Cycle Date

Disbursement File	Not to Exceed 3 Business Days
Reports	Not to Exceed 3 Business Days (from

EXHIBIT IX (cont.)

	Receipt of Return Disbursement File with Check Numbers)
ComCoTec Standard Extract File	Not to Exceed 7 Business Days

Management Report Deliverables Based on Calendar Date

Monthly	Not to Exceed 10 Business Days
Quarterly	Not to Exceed 20 Business Days
Yearly	Not to Exceed 30 Business Days

*monitored via quarterly reports

EXHIBIT X
STANDARD MANAGEMENT REPORTS

MANAGEMENT ACTIVITY REPORTS	
Financial Utilization Summary	RXCL1013
Utilization Summary - Network Comparison	RXCL1080
MEMBER UTILIZATION REPORTS	
Employee / Member Listing	RXCL2001
Utilization Summary by Member - Ranked by Total Benefit Dollars Paid	RXCL2005
Member Utilization Detail	RXCL2010
Financial Member Utilization Detail (Submitted Cost Optional)	RXCL2016
Employee / Subscriber Utilization Summary	RXCL2018
Utilization Summary By Account and/or Group	RXCL2020
Utilization Summary (Totals & Averages) by Group ID and Per Member Per Month	RXCL2022
Utilization Summary By Age / Sex	RXCL2030
Utilization By Member	RXCL2040
Drug Detail: Maintenance Drugs Only - Member Utilization Prior Authorization Detail	RXCL2060
DRUG USAGE REPORTS	
Drug Usage - Therapeutic Class Summary	RXCL3010
Drug Usage - Therapeutic Class Detail	RXCL3020
Drug Usage - Brand Generic Summary	RXCL3030
Drug Usage - Summary	RXCL3050
Drug Usage - Detail	RXCL3060
Drug Usage - Cost Ranking Summary	RXCL3070
Drug Usage - Ranking Summary	RXCL3080
Drug Usage - Cost Ranking By Specialty	RXCL3090
Drug Usage - Ranking By Specialty	RXCL3100
Drug Usage - Cost Ranking By Prescriber	RXCL3110
Drug Usage - Ranking By Prescriber	RXCL3120
Drug Usage - Therapeutic Class Ranking Summary	RXCL3140
Drug Usage - Rebate Summary	RXCL3150

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STANDARD MANAGEMENT REPORTS (continued)

Drug Usage - Rebate Detail	RXCL3160
PHARMACY PROVIDER REPORTS	
Financial - Pharmacy Provider Utilization Summary	RXCL4011
Pharmacy Utilization Summary With Averages	RXCL4015
Financial - Pharmacy Provider Utilization Detail	RXCL4020
Financial - Pharmacy Provider Utilization Summary Withholding Amounts	RXCL4022
Utilization - Administration Fee Summary	RXCL4025
Utilization - Administration Fee Summary By Pharmacy	RXCL4026
Pharmacy Provider Generic Substitution Summary (Formulary)	RXCL4035
Pharmacy Provider Performance Summary	RXCL4040
Pharmacy Summary Of Errors	RXCL4050
Pharmacy Formulary Compliance Detail By Amount Paid	RXCL4090
PRESCRIBER REPORTS	
Prescriber Activity Summary	RXCL5010
Prescriber Activity Detail	RXCL5020
Prescriber Utilization Summary Ranked By Cost	RXCL5040
Prescriber Utilization Summary Ranked By Volume	RXCL5050
Prescriber Utilization Detail Ranked By Cost	RXCL5060
Prescriber Utilization Detail Ranked By Volume	RXCL5070
Prescriber Formulary Compliance Detail By Amount Paid	RXCL5090
Prescriber Summary Ranked By Formulary Non-Compliance	RXCL5100

STANDARD MANAGEMENT REPORTS (continued)

UTILIZATION REVIEW	
Rx Detail By Member Number Of Claims	RXCL6010
Rx Detail Audit By Membership	RXCL6016
Rx Detail By Member Cost Of Claims	RXCL6020
Rx Detail By Member / Duplicate Drug Different Prescribers	RXCL6030
Rx Detail By Member / Duplicate Drug Different Provider	RXCL6040
Rx Detail By Member / Duplicate Drug Within (X) Days	RxCL6050
Rx Detail By Member Therapeutic Duplication	RXCL6060
Rx Detail By Member More Than (X) Prescribers	RxCL6070
DUR Reports Requested	RXCL9000
DUR Savings Detail By Member	RXCL9010
DUR Savings Detail By Pharmacy	RXCL9020
DUR Savings Summary	RXCL9050
PLAN AND PRICE SCHEDULE LISTING REPORTS	
GPI Average Price Report	RCDMF012

**EXHIBIT XI
DRUG UTILIZATION REVIEW PROGRAM**

DUR MODULES
Acute Verses Maintenance Dose Editing
Drug Regimen Compliance Checking
Drug To Allergy Editing
Drug To Drug Interaction Edits
Drug To Diagnosis Caution Messages
Drug To Inferred Health State Checks
Dosage Range Checking
Drug Overuse Editing
Drug To Age Checking
Drug To Sex Editing
Duplicate Therapy Checking
Duplicate Prescription Checking

DISCLAIMER: THE EFFECTIVENESS OF ANY DRUG UTILIZATION REVIEW PROGRAM IS IN MANY RESPECTS DEPENDENT UPON THE AVAILABILITY OF CERTAIN DETAILED PATIENT AND PHYSICIAN DATA. PATIENT ALLERGIES, HEALTH CONDITIONS, PHYSICIAN SUPPLIED DIAGNOSIS CODES AND PRIOR PRESCRIPTION HISTORY ARE CRITICAL FOR A COMPREHENSIVE ANALYSIS. COMCOTEC WILL NOT BE RESPONSIBLE FOR INACCURACIES IN DATA PROVIDED BY CLIENT TO SUPPORT ANY DRUG UTILIZATION REVIEW COMPONENTS, AND SPECIFICALLY DISCLAIMS ANY RESPONSIBILITY TO PROVIDE DRUG UTILIZATION REVIEW FOR THOSE COMPONENTS WHICH REQUIRE DETAILED INFORMATION ABOUT CLIENT'S MEMBERS WHICH HAVE NOT BEEN SUPPLIED TO COMCOTEC BY CLIENT.

EXHIBIT XII DEFINITION OF TERMS

Term	Definition
Accounts	Those entities with whom Client has agreed to provide coverage to such entities' employees and their eligible dependents. The termination of the agreement between Client and an Account terminates the eligibility of the Account's employees and their dependents to receive reimbursement for Covered Services from Client, except as required by law.
Benefit Plan	The Covered Prescription Drug Services, Copayments, Deductible, or Coinsurance requirements, limitations and exclusions of the Agreement between Client and a Covered Individual or Account.
Claim Online Transaction Processing	The process of settling claims, from submission through disposition, between two or more parties.
Claim Form	The document, magnetic medium or computer communication submitted by a Participating Pharmacy which itemizes the Covered Prescription Drug Services rendered to Covered Individuals or Members and is submitted in accordance with the procedures and policies set forth in the Payor Sheet.
Client's Client	Entity that Client (CPSA) is providing services for. Should Client's client require access to the system a logical view would need to be built to restrict data.
Coinsurance	That portion of the Client considered charge for Covered Services, calculated as a percentage of the charge for such services, which is to be paid by Covered Individuals.
Copayment or Deductible	A fixed dollar portion of the charge for Covered Services which is to be paid by Covered Individuals.
Covered Individual	An individual or member eligible to receive Covered Services under a Client Program.
Medical Director	The physician appointed by Client, or that physician's designee, who is responsible for administering Client's Medical Management Programs.
Participating Pharmacy	A pharmacy or a company which is authorized to represent one or more subsidiary, affiliated, or franchised pharmacies ("Pharmacy Chain") which has been accepted as a Participating Pharmacy and has entered into a participating Pharmacy Agreement with Client and has agreed to provide Covered Prescription Drug Services to Covered Individuals.
Participating Providers	Those physicians, pharmacies, hospitals and other health care providers who have entered into agreements with Client to provide Covered Services to Covered Individuals.
Payor Sheet	The document to be distributed to Participating Pharmacies which describes ComCoTec's and Client's administrative policies and procedures for claims submission.
Programs	The Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and other types of health care coverage or administrative services which Client offers to Accounts and Covered Individuals.
Remote Client	Client with access to ComCoTec's system from an alternate site, but has access to all Client data (i.e. APIPA)..

GSA 3/GSA 5

1-j. Customer Service Function

The CPSA Customer Service Function is the responsibility of the Member Services unit within the Administrative and Clinical Operations Department. CPSA Member Services is the single point of contact for members and their families, non-members, state agencies and the community for information and assistance regarding services in the CPSA system of care. It is essential that the Member Services experience is positive and reflects a member- and family-centered organization that delivers quality services, support and resolution of concerns in a timely manner. CPSA Member Services is available through a centralized toll free 800 telephone number 24 hours a day, 365 days a year. Services are available in both English and Spanish, with translation services immediately available for individuals who have Limited English Proficiency and speak other languages. Two TTY (Teletypewriter) machines are available on-site for communicating with the hearing impaired. Calls received during non-business hours are received by the community-wide crisis services provider staff who has been trained on how to respond to general Member Services calls. CPSA advises members and potential members of the Member Services telephone number and mailing address through the *CPSA Member Handbook*, *The Wellness Messenger* (the member newsletter), posted information at provider sites and on the CPSA Web site.

The Member Services unit includes a Member Services Supervisor, who is also the designated Health Plan Liaison, and who oversees five Member Services Representatives, and three Member Advocates. A fourth Member Advocate reports to the Southeast Regional Manager. The role of Member Services is to ensure that all referrals, complaints, concerns and questions are handled in a timely and comprehensive manner. CPSA Member Services utilizes an Automated Call Distribution (ACD) system that allows callers to be greeted by an automated attendant. The caller then chooses a numeric phone option based on the need, such as a crisis provider, information for members and potential members, or for provider support. This allows the caller to be immediately transferred to a Member Services Representative (MSR) or the community-wide crisis services provider 24 hours a day. By utilizing an ACD system, Member Services is able to track the volume, waiting times, abandonment rate, and peak hours of calls. This information helps Member Services identify areas for improvement to ensure timely responsiveness to members, providers and the community.

Calls from members and potential members are handled by an MSR. The MSRs receive ongoing training on a variety of topics that allow them to provide accurate and current information regarding enrollment, covered benefits, rights, appeals, provider transfers, entitlements and community resources. Additionally, they receive training on crisis intervention, cultural sensitivity, member-directed care, customer service and other topics that have a direct impact on their provision of services to callers. MSRs have desktop manuals that include information and procedures related to the most frequent types of calls. Individuals who call Member Services can expect to be listened to, to be treated with courtesy and respect, and to receive assistance in resolving any problems that they might be experiencing within the CPSA system of care. Quality customer service is ensured through ongoing training, monitoring of calls, and the provision of regular supervisory feedback to staff. Individual supervision meetings, led by the Member Services Supervisor, a Licensed Clinical Social Worker, and weekly team meetings, are held with the MSRs to ensure that all are aware of procedural changes and information necessary for them to be effective in their role.

MSRs are fully committed to addressing the member's questions and/or complaints with accurate and timely information. Upon receiving a call, the MSR collects information that will allow for resolution of the presenting problem. The MSR either resolves the situation or transfers the caller to a Member Advocate or Member Services Specialist (Specialist). Any call that could qualify as an appeal or grievance is transferred to the Member Advocate or Specialist for assistance with the filing of a complaint. The rotating "Specialist of the Day" is available to handle urgent calls or walk-ins.

MSRs who receive a call from an individual in crisis have been trained on how to coordinate a "warm transfer" to the crisis services provider and to 911 through the use of three-way calling. This allows the individual to receive the immediate intervention necessary to resolve the current crisis. Situations that are complex in nature and require more assistance than can be provided during an initial telephone call are also referred to a Member Advocate or Specialist. CPSA employs four Member Advocates, three in GSA 5 and one in GSA 3. The role of the Member Advocate is to help articulate the member's concerns by attending staffings, the Adult Clinical Team and/or Child and Family Team, behavioral health appointments, or by speaking with a Clinical Liaison or case manager/therapist on behalf of the member. The Member Advocate assists the involved parties with finding an effective solution that is in the best interest of the member and his/her family and ensures the protection of the member's rights. If reported problems are related to the need for or appropriateness of services, the CPSA Member Advocate can assist the provider through the Adult Clinical Team or Child and Family Team. If the member is dissatisfied with the proposed services, the member, the member's guardian or the designated representative may file an appeal with the CPSA Office of Grievance and Appeals.

GSA 3/GSA 5

(OGA). If the member is unable to do so on his/her own, the CPSA Member Advocate assists with putting the complaint in writing or connecting the member to the Grievance and Appeals Specialist who will assist the member in documenting the appeal. Member Advocates and Member Services Specialists receive ongoing supervision by a Licensed Clinical Social Worker in both individual and group/team settings.

Situations that require coordination with the provider rather than directly with the member are referred to Member Services Specialists (Specialists). CPSA employs five Specialists, all of whom are Master's level clinicians who work with providers in both GSA 3 and GSA 5 and one of whom is the designated Arizona State Hospital Liaison. Specialists review, assess, and participate in the development of treatment interventions. They work directly with the provider to ensure that services to members are clinically and culturally appropriate, high quality, and accessible. Services are focused on meeting individual needs and protecting individual rights. Cases can be referred to a Specialist by community providers, CPSA staff, family members, hospitals, health plans or any other parties concerned about the member. Referrals typically involve complex issues that stem from complaints around coordination of care among multiple agencies, service planning, medication issues, appropriateness of placement, member's failure to respond to treatment and repeated hospitalizations. Members who are involved with complex civil commitments or placement at the Arizona State Hospital have their care reviewed by the CPSA Title 36 Liaison or the Arizona State Hospital Liaison.

Involvement by a Member Advocate and/or Member Services Specialist is member driven. The staff members work with the member, the member's family, and the provider to ensure that the member is aware of his/her rights and the ability to involve his/her support system in the development and implementation of a service plan. The Member Services staff member models techniques to develop a service plan that will address the type and frequency of needed services and is supportive of the member's and his/her family's cultural preferences. By actively involving the member and his/her natural supports in the recovery process, the member is likely to be more engaged in treatment and thus have an increased likelihood of achieving treatment goals.

Callers to Members Services who are not themselves the member are, with the appropriate *Request for Release of Information* form, informed of the outcome of the call. Both Member Advocates and Specialists receive ongoing training related to changes in the behavioral health system, community resources, clinical interventions and treatment, and other areas that impact the member and his/her family. They work closely with and have regularly scheduled meetings with the Chief Medical Officer and Associate Medical Director, CPSA's Office of Grievance and Appeals and Network Managers. This allows for an ongoing exchange of information and quick response to system issues that have been identified through Member Services.

TRACKING COMPLAINTS

Member Services staff involved in receiving, acknowledging, or responding to and resolving complaints enter a description of each event and effort into the CPSA Member Services Tracking System (MSTS). MSTS is a communication tool that is used to document the resolution of any complaint, referral or concern voiced to Member Services. Verbal complaints received by telephone or in person are acknowledged through receipt of the call/interaction with the individual. Written complaints are acknowledged within five days of their receipt. Complaints are resolved within 90 days, unless an extension for up to 14 calendar days is requested by the member or by CPSA if it is established that the delay will assist in obtaining information that will be in the member's best interest.

At a minimum, the information tracked includes the individual or source making the complaint; the Title XIX/Title XXI eligibility status of the member involved; a description of the complaint; any identified communication need (e.g., need for a translator); the resolution reached, and the length of time for resolution, including whether an extension was in effect. Identified trends and potential gaps are addressed through CPSA's Performance Improvement/Quality Management (PI/QM) and Network Development processes. This complaint log does not include information about issues received in Member Services that were identified as appeals and forwarded to the CPSA Office of Grievance and Appeals (OGA) for logging and processing.

Complaints that are received by DBHS and forwarded to Member Services for attention, investigation and resolution are called Complaint/Issue Resolutions. Member Services staff collaborates with the parties involved in the member's care, including the referral source of the Complaint/Issue Resolution. CPSA Member Services ensures that the complaint is addressed, rectified, and monitored. CPSA provides a formal written response to DBHS in the timeframe specified describing the findings, the current status of the situation, and recommendations for its resolution, further actions or system improvements.

GSA 3/GSA 5

1 **MONITORING**

2 CPSA Performance Improvement and Quality Management (PI/QM) conducts monthly Independent Case Review
3 monitoring of a selected sample of charts that evaluates provider response to referrals, as well as Provider Profile and
4 Provider Site Reviews that identify whether or not providers have implemented adequate systems to manage timely and
5 welcoming referrals and engagement and re-engagement mechanisms. CPSA Member Services conducts a “Secret
6 Shopper” monitor semi-annually and when complaints reach a level that indicates a need to evaluate providers’
7 responsiveness to referrals. Secret Shoppers, who are most often Member Services staff members, visit the provider
8 intake site and “experience” the intake process firsthand.

9 Member Services tracks complaints in the MSTS and reports data quarterly to the CPSA Network Design and
10 Improvement Committee (NDIC) to reflect any trends. The quarterly report contains aggregate data related to the
11 number of reported problems, the categories in which they fall, and the status of their resolution. Documentation required
12 by DBHS, outlined in *DBHS Policy GA 3.6 Complaint Resolution*, is incorporated in MSTS. Complaint information is
13 organized by provider, identified by type, and reviewed by the NDIC as data elements for consideration using the *DBHS*
14 *Logic Model for Network Sufficiency Analysis (Logic Model)*. Recommendations for system improvement are forwarded
15 from NDIC to the CPSA Quality Management (QM) Committee for review, comment and forwarding to the monthly
16 Collaborative Technical Assistance (CTA) Team meetings with providers for follow-up when gaps or insufficiencies are
17 identified.

18 **INTERFACE WITH THE CPSA OFFICE OF GRIEVANCE AND APPEALS**

19 CPSA Member Services works closely with the CPSA Office of Grievance and Appeals (OGA) to ensure that members’
20 rights are protected and that complaints which do not qualify as a grievance or appeal are addressed in a timely manner.
21 OGA provides training at least quarterly for Member Advocates and Specialists on members’ rights to file complaints,
22 appeals and grievances. This training delineates staffs’ responsibilities to educate members about the complaint process,
23 to assist members in filing complaints, and on ways to cooperate and participate in CPSA’s efforts to resolve
24 complaints. Member Advocates meet weekly with the Office of Grievance and Appeals (OGA) to discuss complaints
25 that are complex in nature that have been referred to Member Services. Additionally, as Member Services is often
26 involved with the resolution of an issue while a member is simultaneously involved with the Office of Grievance and
27 Appeals, discussions occur so that each work area is aware of the current resolution status.

28 Additional communication between the two areas occurs through the use of MSTS. This tracking system, used by both
29 OGA and Member Services, allows for the viewing of the current resolution status of the case. Upon receipt of a
30 grievance or an appeal, OGA is able to utilize MSTS to identify whether the individual involved in the complaint is
31 currently working with CPSA Member Services on the resolution of the presenting issue. If they are, OGA coordinates
32 its response with the appropriate Members Services staff member. In similar fashion, the use of the MSTS allows for
33 Member Services to quickly identify, upon receipt of a complaint, whether an individual is simultaneously involved with
34 OGA. Use of MSTS allows for consistency in the delivery of information to members and in timely resolution of their
35 concern.

1 **1-k. Communication with Personnel and Providers**

2 CPSA communicates with its personnel and behavioral health service providers using a variety of methods to share many
3 types of information. The ultimate responsibility and authority for accurate and timely communication with all CPSA
4 personnel and across the CPSA Provider Network lies with CPSA's Executive Management Team (EMT), the CEO and
5 the Board of Directors. While all staff members are expected to have competency in sharing information, written and
6 verbal, the responsibility and authority lies with the department or unit Director/Manager to assure clear, accurate, timely
7 communication internally and with providers. The CPSA unit manager or director is responsible for assuring staff is
8 knowledgeable and competent to address both internal and provider requests for information. CPSA has developed clear
9 lines of accountability for information flow within departments, across functional areas, and with providers.

10 Enhancing the competencies of CPSA staff to communicate clearly, provide accurate technical assistance and direction
11 to providers, and manage a significant amount of input of information from a variety of sources, is a key component of
12 the *CPSA Annual Provider Network Development and Management Plan*. Effective communication is the cornerstone to
13 managing a large and complex system of care. The indoctrination of principles, including the Arizona System Principles
14 and the Principles for Persons with Serious Mental Illness (SMI), begins with the orientation of new employees and
15 continues throughout employment with CPSA. Cross-departmental communication is fostered at every level through a
16 variety of mechanisms so that all staff is knowledgeable about CPSA processes, interactions and contract requirements.

17 Using the CPSA mission, values and principles of quality care as a framework for all communications, staff members
18 share information relating to easy access to care, cultural proficiency and coordination of care with providers, other
19 CPSA staff members, members and their families, community agencies, and other stakeholders. Information shared
20 includes new and ongoing communications from DBHS, best practices, and advances in technology. An important
21 factor in ensuring clear communication of information to providers is that the CPSA staff speaks with "one voice" in
22 sharing of information.

23 **COMMUNICATION WITH PROVIDERS**

24 CPSA staff members use a number of methods to communicate with providers. Methods include meetings, participation
25 in committees, video teleconferencing, daily communication, e-mail and voice mail, video teleconferencing, the CPSA
26 Web site, the Provider Manual, subcontracts, and distribution of a number of written plans and materials containing
27 relevant behavioral health system requirements. Feedback is requested on a regular basis in provider meetings and
28 committee meetings to assure that communication methods are assessed and strengthened on an ongoing basis.

29 **Meetings and Committees** Monthly Collaborative Technical Assistance (CTA) Team meetings with each of the
30 Comprehensive Service Networks (Networks), and Crisis and Detoxification service providers are a major
31 communication strategy used to bring the key provider staff members together with the key CPSA staff members to
32 work cooperatively to problem solve system issues using root cause analysis, share new information from DBHS, and
33 increase coordination between the provider and CPSA through relationship building. CTA meetings are interactive and
34 are based on a mutually developed agenda. CTA Team monthly meetings are facilitated by the CPSA Chief Medical
35 Officer, Associate Medical Director or a Manager from the Clinical Operations area. Provider staff and CPSA staff from
36 Contracts, IT, Claims, Member Services and Network Development are team members. Other staff members join the
37 meeting according to the agenda. Development of the agenda is a collaborative effort and is built upon the need for a
38 common understanding of contract requirements, implementation of a new Performance Improvement Protocol, best
39 practices and the *DBHS Provider Manual*. The CTA process provides an opportunity to focus the Provider Network and
40 CPSA on problem solving, strengthening clear communications and identifying network development needs.

41 In addition to CTA Team meetings, CPSA managers meet regularly with their provider counterparts to assure
42 information is shared in-depth on specific topics. The All Provider Meeting is held semi-annually to share information
43 on system-wide issues. In keeping with the philosophy of partnership, Networks participate with CPSA staff members in
44 a variety of community-based committees to facilitate ongoing communication, problem solving, and process
45 improvement in population- or issue-specific areas. The integration of staff members from CPSA, the Networks, and
46 community agencies is key to maintaining an effective service delivery system and enhancing communication across the
47 wide array of stakeholders. (See Table 1-k.1 for a listing of key internal and external meetings and committees.)

48 **Video Teleconferencing (VTC)** CPSA uses VTC technology to communicate with providers and to promote sharing of
49 information between and among Networks. Through VTC technology, CPSA expands and enhances communication and
50 sharing of information among CPSA staff, Network staff and Community Councils. First established in 1998, CPSA's
51 VTC network increases access to and availability of behavioral health services and related activities (for distance
52 learning opportunities and administrative purposes) with an average use of two hundred hours per month. The expansion

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of VTC across 24 sites throughout Southern and Southeastern Arizona, including DBHS, provides an effective communication tool for CPSA staff, provider staff, members, family members, and community stakeholders to attend and participate in meetings, Governing Boards and Planning Councils. VTC capability can also be used to expand training opportunities for CPSA staff, provider staff and other RBHA staff throughout the state. Most sessions on CPSA's extensive monthly training calendar are available to CPSA providers and other community agencies. Many are available through VTC. (See response 3-r for additional information on training.) The sixth goal of the President's New Freedom Commission on Mental Health report, "To improve access to care and to strengthen coordination of care through increased use of technology," gives impetus to CPSA to continue to explore new uses for the VTC network. Ongoing training on DBHS requirements and the CPSA system of care is an important component of the CPSA communication structure.

Daily Communication Written and verbal communication with providers is used extensively to assure clear directions are shared and distribution is documented. Written communication gives detailed information and specific guidance to address a new or revised issue. The written communication may be in the form of a letter, memorandum, e-mail with attachments, or meeting minutes. E-mail allows a number of provider staff members to be included in the discussion and problem solving activities. Managers and directors have a number of resources available to them to assure clarity and accuracy of written communications, including a protocol for recording minutes and formatting letters. Written communication is copied across units internally and across provider management staff members who have a need to know or when wide distribution of information is needed. Verbal communication with providers occurs daily on an ongoing basis. The focus of these interactions is to address an issue, concern, problem resolution or complaint on an immediate basis. Voice mail provides a useful adjunct to give information, including details, and to identify the timeframe for response.

Web Site CPSA utilizes its Web site as a primary mechanism for disseminating documents designed to communicate behavioral health system requirements to behavioral health providers. All CPSA subcontracts require that subcontractors have the capability to access the CPSA Web site and direct subcontractors to the CPSA Web site to obtain documents governing delivery of behavioral health services. CPSA disseminates DBHS documents through a direct electronic link on the Library page of the CPSA Web site to the DBHS Web site that provides access to the most current versions of DBHS documents, including the *Assisting Behavioral Health Recipients with AHCCCS Eligibility*, *DBHS Covered Behavioral Health Services Guide*, *DBHS Policy Clarification Memoranda*, *DBHS Clinical Guidance Documents*, and HIPAA-related documents. When DBHS notifies CPSA of changes to these documents, CPSA forwards notification to its providers and internal staff through e-mail and posts notice of the change on the Home page of its Web site.

Provider Manual The *Provider Manual* serves as the primary document for communicating relevant behavioral health system requirements to providers. CPSA Legal Counsel is responsible for developing, revising and disseminating the CPSA-specific version of the *DBHS Provider Manual* and serves as the CPSA Policy Liaison, the single point of coordination and contact for the DBHS Policy Office. All proposed changes to the *Provider Manual* are coordinated between the DBHS Policy Office and CPSA Legal Counsel. Upon receipt of DBHS proposals for changes to the manual's general content, Legal Counsel distributes the proposed changes to EMT members who solicit comment from management staff members with expertise in the involved subject matter. Legal Counsel reviews comments received within specified timeframes, obtains needed clarification from EMT and management staff, compiles the comments and forwards them to the DBHS Policy Office for consideration. Legal Counsel discusses questions and concerns with the DBHS Policy Office Manager as necessary. When advised by the DBHS Policy Office of final changes, Legal Counsel ensures that those changes are made to the CPSA version of the *Provider Manual* document and posted on the CPSA Web site within timeframes specified.

CPSA schedules amendments to the CPSA specific content of the *Provider Manual* to occur on a quarterly basis. CPSA managers review the *Provider Manual* sections within their respective areas on an ongoing basis and identify proposed changes to CPSA-specific information. Managers submit proposed amendments to the EMT member responsible for that functional area for review and recommendation to Legal Counsel when appropriate. Legal Counsel reviews the proposals for accuracy and consistency and discusses any concerns with the responsible EMT member. Acceptable amendments are compiled and posted to the CPSA Web site on a quarterly basis. When the DBHS Policy Office notifies CPSA Legal Counsel of required changes to CPSA specific information, Legal Counsel discusses any concerns with the DBHS Policy Office Manager. Legal Counsel makes the required changes, which are posted on the CPSA Web site within the specified timeframes.

Changes to the *Provider Manual* are communicated to providers through e-mail simultaneously with the posting of the revision on the CPSA Web site. A synopsis of the changes is developed by Legal Counsel and included in the notice

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1 sent announcing the changes. Notice is also posted on the CPSA Web site Home page. The DBHS Policy Office is
2 copied on all communications to providers regarding changes to the *Provider Manual* and a “CPSA All” e-mail relays
3 the communication to all internal staff.

4 **Subcontracts** CPSA communicates behavioral health system requirements for participation in the CPSA Provider
5 Network through subcontracts. The Contracts area within Business Operations has oversight responsibility for all CPSA
6 provider subcontracts. The Contracts Development Specialist develops, maintains and revises all provider boilerplate
7 subcontract documents based on current DBHS subcontracting requirements. CPSA’s Director of Clinical Operations
8 has overall responsibility for developing scopes of work and special provisions specific to each contracted provider.
9 CPSA Legal Counsel provides review to ensure consistency, accuracy and compliance with state and federal
10 requirements. Network subcontracts stipulate that Network staff is responsible for passing down all relevant behavioral
11 health information and documents to their respective subcontractors. Staff members within the Contracts area manage
12 the subcontract distribution, signature, and maintenance processes. Each direct contracted provider is assigned a “single
13 point of contact” within the Contracts area that coordinates responses to questions and requests for assistance.

14 **Quality Management/Utilization Management Plan** CPSA’s Director of Performance Improvement and Quality
15 Management oversees the annual development, evaluation and revision of the *CPSA Quality Management*
16 *(QM)/Utilization Management (UM) Plan* and its companion *Work Plan*. These plans are reviewed and approved by the
17 Quality Management Committee, membership in which includes all EMT members and representation from each CPSA
18 department. The plans are disseminated in hard copy and on disk to provider QM and UM staffs who participate in the
19 Quality Management Coordinators Committee. The plans are made available to all provider staff, internal personnel,
20 community stakeholders and the public at large through posting on the CPSA Web site.

21 **Cultural Proficiency Strategic Plan** The Network Development area develops, annually assesses and revises, the *CPSA*
22 *Cultural Proficiency Strategic Plan*. The plan establishes requirements and expectations for CPSA and its providers in
23 improving access of quality behavioral health services to diverse populations by promoting, developing and maintaining
24 a culturally- and linguistically-competent behavioral health system for all individuals. This plan is developed in
25 collaboration with, and based on input from, diverse groups, including focus groups, advisory committees, member
26 surveys and key informants. The Networks have assigned Cultural Liaison contacts who disperse the plan within their
27 organization and are responsible for quarterly status updates of the plan to CPSA Network Development. The Network
28 Development Team monitors the plan quarterly to assure progress on target outcomes and that timelines for
29 implementation are met.

30 **Provider Network Development and Management Plan** The Network Development area develops and monitors the
31 *CPSA Annual Provider Network Development and Management Plan*. This process includes quarterly status updates to
32 report progress-to-date in the implementation of priority development areas and/or barriers encountered. The Networks
33 have assigned Network Development Liaison contacts who disperse the plan within their organizations and in turn are
34 responsible for quarterly status updates of the plan to CPSA Network Development. The plan focuses on priority areas
35 for network development specifically addressing those areas within the behavioral health system of care in which
36 material gaps exists and minimum standards are to be achieved. The plan identifies target outcomes, implementation
37 action steps and timeframes to be met in collaboration with providers. CPSA, as lead, monitors progress toward goals
38 achieved and outlines measures to hold each Network accountable for those action steps not implemented.

39 **COMMUNICATION WITHIN AND AMONG CPSA STAFF**

40 Methods for sharing information internally begin with the Board of Directors meeting, move to the Executive
41 Management Team (EMT), and then to all personnel across departments and within functional areas. The same flow of
42 information is encouraged from line staff through managers to EMT. The methods used to communicate include the
43 *CPSA Policy and Procedures Manual*, use of committee structure, convening ad hoc committees to address specific
44 issues, staff surveys, VTC, document exchange, trainings, use of Internet, e-mail, voice mail and most importantly, face-
45 to-face interactions. The goal of all internal communication is to ensure that internal staff is well informed on all
46 communication that is being imparted to providers to ultimately enhance the quality of care for CPSA enrolled members.

47 CPSA begins the communication process with new staff members through an orientation process. Each department
48 tailors orientation to the specific needs of that department. CPSA has a list of trainings required for all new staff
49 members and a similar list required annually on specific topics for selected staff members.

50 CPSA communicates through a “management by open door” process which facilitates immediate sharing of information
51 and resolution of problems. This style of communication strengthens the exchange of information among staff members
52 specifically in the Clinical Operations and Medical Management departments and promotes face-to-face interactions and

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enhances coordination of CPSA actions related to member and provider needs and concerns. Types of information shared internally, through trainings, internal meetings, and department meetings include, but are not limited to:

- Cultural proficiency assessment through the *Building Bridges* tool;
- Health promotion and wellness through a community events calendar;
- Changes in DBHS contract requirements;
- Provider Profiling, Independent Case Reviews, Administrative Review results;
- *Covered Behavioral Health Services Guide* changes and updates;
- *Provider Manual* updates from DBHS & CPSA/DBHS approved changes; and,
- *CPSA Matrix of Service Codes*.

All written communications received from DBHS related to new initiatives, changes in procedures or policies, Practice Improvement Protocols, Technical Assistance Documents or other information pertinent to the functioning of a CPSA unit or staff member, is shared in writing on a timely basis. E-mail is used extensively to share information from the Internet and to request staff action. A specific use of e-mail is the daily posting of newspaper articles related to behavioral health issues on the CPSA Web site, which is available to all staff.

CPSA Policy and Procedure Manual Information pertaining to CPSA's internal administrative and organizational requirements is communicated through the *CPSA Policy and Procedure Manual*. The CPSA Policies and Standards (P&S) Committee chaired by CPSA Legal Counsel and comprised of representatives from each organizational area, meets at least quarterly to conduct ongoing review of internal policies and procedures. This review ensures that all policies are current and relevant to internal operations and in compliance with applicable federal and state regulations. The EMT member representing each organizational area is responsible for drafting proposed policies and recommending revisions governing operations within that area. The responsible EMT member coordinates with involved staff to develop, review, revise and submit proposed policies to the P&S Committee. The P&S Committee reviews proposed policies and in turn submits suggested changes to the originating organizational area. All recommended changes are then submitted back to the P&S Committee for final consideration. Final recommended policies are submitted to the CEO, who approves and signs the policy or directs the P&S Committee to make corrections or changes. Existing policies and procedures are reviewed and updated at least annually. The *CPSA Policy and Procedure Manual* is posted on an internal, shared drive to guide internal organizational operations. Personnel are familiarized with the *CPSA Policy and Procedure Manual* as part of new employee orientation and are advised of changes through "CPSA All" e-mails.

Other Staff Communication Methods Department and cross-department meetings are held on a regular basis in each area to increase staff knowledge of job requirements, improve production and enhance unit "esprit de corp." CPSA also convenes a number of internal committees to conduct CPSA business as shown in Table 1-k.1 below. These committees have cross-department representation. Ad hoc committees are established to address specific issues within limited timeframes. Other means of communication with staff are surveys and regular meetings.

Table 1-k. 1 CPSA Committee Meetings				
Meeting	Purpose	Participants	Lead	Frequency
Board of Directors	Internal	Board of Directors	Board Chair	Monthly
EMT	Internal	Executive Management	CEO	Weekly
Children's Community Council	External	CPSA and Provider staff, community stakeholders, members	President of the Council	Monthly
Adult Community Council	External	CPSA and Provider staff, community stakeholders, members	President of Council	Monthly
All Staff (biennial)	Internal	CPSA staff	CEO	Biennial
General Staff	Internal	CPSA staff	COO	Monthly

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Table 1-k. 1 CPSA Committee Meetings				
Meeting	Purpose	Participants	Lead	Frequency
Quarterly Coordination of Care Meeting	External	CPSA and Provider program staff and Medical Directors; AHCCCS Health Plan Medical Directors and Behavioral Health Coordinators	Director, Clinical Operations, CPSA	Quarterly
CPSA Pharmacy and Therapeutics Committee	External	Network Medical Directors and representatives from contracted pharmacy network	CPSA's Chief Medical Officer	Quarterly
CPSA/Provider CEO	External	CPSA and Provider CEOs	CEO	Monthly
CPSA/Provider HR	External	CPSA and Provider HR staff	HR Manager	Monthly
CPSA/Provider IS	External	CPSA and Provider IS staff	CIO	Monthly
CPSA/Provider Prevention	External	CPSA and Provider Prevention staff	Prevention Manager	Monthly
CPSA/Provider CFO	External	CPSA and Provider Finance staff	CFO	Monthly
CPSA/Provider Voc Rehab Quarterly Meeting	External	CPSA and Provider Voc Rehab staff	Voc Rehab Specialist	Quarterly
Collaborative Technical Assistance (CTA) Meetings	External	CPSA and Network staff	CPSA Network Manager or Medical Directors	Monthly
CPSA/DDD/Provider	External	CPSA, DDD and Provider program staff	Director, Clinical Operations	Monthly
CPSA/CPS Meeting	External	CPSA, CPS, Network staff	Children's Network Manager	Monthly
Long Range Public Education Coalition	Internal	CPSA staff	Community Education Specialist	Every other month
CPSA Policy and Standards	Internal	CPSA staff	Legal Counsel	Quarterly
CPSA Facilities and Safety	Internal	CPSA staff	CFO	As needed
Network Design and Improvement Committee	Internal	CPSA staff	Director, Clinical Operations	Monthly
Quarterly NDIC Meeting with DBHS	Internal	CPSA staff	Director, Clinical Operations	Quarterly
Children's Medical Director's Meeting	External	CPSA and ADHS/DBHS staff	Associate Medical Director	Quarterly
Adult Medical Director's Meeting	External	CPSA and Provider Medical Directors	Chief Medical Officer	Monthly
Organization-Wide Performance Improvement Committee	External	CPSA and Provider Medical Directors	Chief Medical Officer	Monthly
CPSA Collaboration Meeting	Internal	CPSA staff	Director, PI/QM	Every other month
CPSA Network/Clinical Communication	Internal	CPSA staff	Director, Clinical Operations	Weekly
COOL Quarterly Meeting	Internal	CPSA and Provider COOL staff	Criminal Justice Supervisor	Quarterly
Arizona Families F.I.R.S.T.	External	CPSA and Provider AFF staff	Adult Services Specialist	Quarterly

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1-1. Stakeholder Input

As a partnership, CPSA sees the importance of having various mechanisms for obtaining input from recipients, family members and other community stakeholders in creating the most responsive behavioral health delivery system possible. CPSA has a multifaceted approach to obtaining input that includes:

- A community-based Board of Directors with governance power;
- Six Community Councils that report to the Board of Directors;
- Stakeholder focus groups;
- Mental Health Statistics Improvement Program (MHSIP) Member Perception Survey;
- Web site surveys; and,
- Regular and ad hoc planning forums and committees.

COMMUNITY-BASED BOARD OF DIRECTORS

At the heart of community input is the fact that CPSA is a nonprofit organization that has a governing Board of Directors that is representative of various community constituencies. By definition, the board structure guarantees community representation and input. According to the Bylaws, the Board of Directors consists of three members:

- Southeastern Arizona Behavioral Health Services (SEABHS), a provider of services in the four Southeastern counties;
- The Behavioral Health Coalition of Southern Arizona (BHC), an organization of providers in GSA 3 and GSA 5; and,
- TMC Healthcare and Banner Health Care sharing a membership.

Each of the member organizations appoints five Directors to the 15-member Board. To ensure community representation, the Bylaws indicate further that Directors must include individuals of diverse backgrounds, heritage, culture, ethnicity, and varied professional skills. Additionally, at all times the Board of Directors must include at least two individuals receiving behavioral health care services and two family members of behavioral health recipients. The Board of Directors meets on a monthly basis, as do all standing committees of the Board.

COMMUNITY COUNCILS

There are six Community Councils that report to the Board of Directors, each Council representing a unique constituency:

- Adult Behavioral Health Community Council (GSA 5)
- Children's Community Council (GSA 5)
- Prevention Community Council
- Adult Community Council (GSA 3)
- Children's Community Council (GSA 3)
- Long Range Public Education Coalition (Long Rangers)

The Councils, each consisting of between 10 and 30 community members, meet on a monthly basis and serve as the "eyes and ears" of the community for the Board of Directors. A representative from each Council meets as part of the Board of Directors Public Policy Committee to report on council activities for the month, and to provide feedback on issues that the Council believes should be brought to the attention of the Board.

While all of the Councils play a role in providing input to the CPSA administration and Board of Directors, one group that is a cornerstone for stakeholder input is the Long Range Public Education Coalition (Long Rangers). The Coalition was created in 1998 to develop and implement a plan of public education and to bring about positive change for persons with mental health and addiction disorders. Members include behavioral health recipients, professionals, advocates, family members and stakeholders from a variety of social service areas.

FOCUS GROUPS AND STAKEHOLDER GROUPS

CPSA has used formal focus groups and more interactive stakeholder groups to obtain a wide range of input, from general information on system improvements, to specific questions, to targeted groups of stakeholders having particular knowledge in that area. CPSA has also used stakeholder input gleaned from DBHS sponsored forums, such as the one for input into this solicitation, to direct its network planning and operations.

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Most recently CPSA conducted eight stakeholder groups in the spring and summer of 2004. Six of the eight groups were conducted in Pima County and were organized around specific populations:

- Forensic/Title 36
- Adult Issues
- Child/Adolescent Issues
- Cultural Diversity
- Non-Network Provider Issues
- Rural Pima County Issues

Additionally, two stakeholder groups were conducted in GSA 3, one on adult issues and one on children's issues. Over 145 stakeholders participated in the various groups. The participants included CPSA contracted providers, community agency representatives, state agency representatives, members, and family members.

Each stakeholder group was divided into smaller subgroups and asked to identify specific strategies that might be implemented over both the long and short term to enhance three aspects of the service delivery system: accessibility and availability, family involvement, and cultural competency.

In addition to the eight stakeholder groups that were conducted in GSA 3 and GSA 5, CPSA distributed "mail-in" surveys to a number of naturally occurring groups in outlying communities of GSA 3. The mail-in survey addressed the same three issues as were addressed at the stakeholder groups. A CPSA representative brought surveys to scheduled meetings of these groups (along with addressed, stamped envelopes) and requested that the participants return the completed surveys within two weeks. Over 50 surveys were returned by mail.

The process outlined above and its outcome were seen as a tremendous success by both participants and CPSA staff. Based on input from these groups and surveys, CPSA will be making changes in the area of oversight of system jail liaisons, reconfiguring coverage of some of the rural areas of Pima County, and requiring better adherence to Network requirements around evening and weekend hours and in-home service accessibility.

MEMBER/FAMILY PERCEPTION AND SATISFACTION SURVEYS

On a biennial basis, CPSA participates in a member perception survey coordinated by DBHS, the most recent of which was conducted in 2003. The MHSIP member perception survey assesses member and family perceptions of satisfaction across four domains: Access, Quality, Outcomes, and Participation in Treatment Planning. In addition to the rigorous methodology, one of the most important features of the MHSIP is that it is a standardized, valid and reliable instrument. Because the survey is used by the other RBHAs as well as a number of other states, it affords CPSA the opportunity to look not only at absolute ratings, but also to compare the perceptions of its members and families with the perceptions of members and families receiving services elsewhere. Many MHSIP survey items relate directly to items on the Independent Case Reviews and Administrative Review, results of which are shared with the Networks at the Collaborative Technical Assistance (CTA) Team meetings where strategies are developed for improvement.

While the MHSIP perception survey is extremely important, CPSA, its providers, and other stakeholders in the community regularly conduct program-specific satisfaction studies. One such targeted member and family satisfaction study revolved around the House Bill 2003 program. Other recent perception/satisfaction assessments have involved housing, vocational services, and case management services. To ensure that satisfaction surveys are as unbiased as possible, CPSA often works with advocacy and consumer groups in the design of surveys and collection of data. As an example, CPSA is currently working with the National Alliance for the Mentally Ill of Southern Arizona (NAMISA) on a family satisfaction survey to be administered in GSA 5.

WEB SITE SURVEYS

On a periodic basis, CPSA posts surveys on its Web site. While anyone can call or write CPSA staff at any time with suggestions or concerns, these more formal surveys ensure regular, structured input on specific topics. The most recent Web site survey was conducted during the summer of 2004 in which visitors to the Web site were asked, in open ended items, to provide feedback on the three issues addressed by the Stakeholder Focus Groups described above. Survey results are currently being compiled.

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REGULAR AND AD HOC PLANNING FORUMS/COMMITTEES

CPSA ensures that there are ongoing forums in the communities of GSA 3 and GSA 5 where stakeholders have an opportunity to provide input to CPSA on specific, targeted issues. Listed below are examples of some of the ongoing groups, as well as some examples of ad hoc groups that have had input into system design in the past.

Minority Issues

A Cultural Diversity Advisory Council meets with CPSA staff on a monthly basis to provide input concerning issues that impact on the delivery of mental health services to minority populations. The Advisory Council members consist of representatives from a number of groups representing Hispanic, African American and other minority populations.

Housing and Homelessness

CPSA is a participant in the Tucson Planning Council for the Homeless, a group involved in continuum of care planning. Members include DES, Arizona Department of Housing, Community Action Agencies, HUD, the faith-based community, individuals who are homeless, stakeholders and real estate and housing developers.

Vocational Services

CPSA staff meets quarterly to obtain input from staff from the DES Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR), community rehabilitation providers, community service agencies, consumer-run agencies, and other interested stakeholders.

Recovery

Plans are in place for a new Member Advisory Council which will provide input into the roll-out of recovery support as well as offer feedback into the recovery and vocational service delivery systems.

Criminal Justice

CPSA is an active participant, along with representatives of law enforcement and the court systems, on the Pima County Forensics Task Force. One of the regular agenda items of this group is providing input to CPSA concerning needs of the members who are also involved in the criminal justice system.

Crisis Services

In 2002 and 2003, CPSA held regular meetings with stakeholders, including law enforcement and other first responders, state agencies, and neighborhood associations in the redesign of the crisis/detox system in GSA 5. This series of meetings played a major role in the development of Plaza Arboleda, which now houses CPSA Network and Training staff, the CPSA Training Center, the community-wide crisis provider for Pima County, detoxification facilities and the short-term crisis stabilization program for adolescents.

Community Forum

More than 100 citizens in GSA 3 and GSA 5 met in a jointly sponsored CPSA/DBHS workshop in January, 2002, to address capacity development for substance abuse services. Input from the groups led to the merging of adult mental health and substance abuse services and a redesign of the CPSA Prevention System.

Rural Services

A rural services group was convened in 2000, from which community input was used to redesign rural services in Pima County by assigning a Comprehensive Service Network to each of four rural geographic areas.

Prevention Services

As a result of a prevention community assessment in 2000, CPSA adopted three overarching goals, based on risk- and protective-factor research, for its Prevention System: increased school attachment; increased family bonding; and decreased norms, laws and policies favorable to substance abuse.

SUMMARY

CPSA is committed to using a variety of methods for input to ensure that members/families and other stakeholders can contribute to system design, planning and evaluation in meaningful ways. Significant improvements into the system of care have been implemented through ideas and experience shared at committee meetings, Councils and through surveys. Staff will continue to keep the philosophies of partnership and quality of care at the forefront in developing new strategies for input as CPSA moves into its next decade of service to the behavioral health community.

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1-m. Provision of Information and Communication

INTRODUCTION

CPSA takes an active role in the sharing of information to foster community understanding of the behavioral health system in GSA 3 and GSA 5. The activities used to strengthen the community understanding focus on reducing stigma, increasing resilience and hopefulness, and expanding the recovery movement. These activities are directed to recipients, their family members and community stakeholders. The President's New Freedom Commission on Mental Health selected as its first goal the following: "Americans understand that mental health is essential to overall health." This goal forms the basis for CPSA activities to enhance community understanding of the behavioral health system of care, including how to access services, what treatment options are available, and how to obtain advocacy services.

CPSA uses a variety of methods including written documents to share a broad range of information. All CPSA staff members who have contact with recipients, family members and stakeholders are responsible to assure communication of CPSA's commitment to a quality service delivery system. Specific staff members, however, are assigned the responsibility and authority for assuring accurate, comprehensive, and timely communication to enhance community understanding in general, and recipient, family member and stakeholder knowledge in particular.

METHODS AND RESPONSIBLE STAFF

The methods used to raise community awareness of behavioral health issues and to share information on the service delivery system are varied and extensive. These methods include distribution of written materials, community events, forums and trainings, participation on CPSA committees, and the CPSA Web site with links to other sites.

CPSA is always seeking ways to expand communication with the community. The CPSA Executive Management Team (EMT) regularly discusses new strategies to increase participation of recipients and family members, particularly through the efforts of the Long Range Public Education Coalition (Long Rangers). The Long Rangers' primary function is to increase community knowledge of the behavioral health system, to reduce stigma, and to increase recognition that *Mental Health Treatment Works*. This phrase is the guiding principle in their community education activities directed toward disseminating information to recipients, family members, stakeholders, and the community at large. Representatives of these groups constitute the Coalition membership.

Written Materials

CPSA communicates information on behavioral health issues to recipients and family members on an ongoing basis. Information is shared through written materials, such as the *CPSA Member Handbook* and the newsletter, *The Wellness Messenger*. All written information distributed to members and families is translated into Spanish, including notices and consent forms. Translation into other languages is available, as needed. Persons who are unable to read or who are visually impaired are helped to understand the written material and to assure comprehension.

The *CPSA Member Handbook*, available in English and Spanish, is given to each CPSA member upon enrollment. The recipient and family members, as appropriate, are helped to understand the contents of the Handbook. Discussion of the contents for those members unable to read or for those needing translation into a language other than Spanish occurs during the member orientation process at initial assessment by the Comprehensive Service Network (Network) Clinical Liaison. The Handbook, revised yearly in August by CPSA, is distributed annually to those members continuing in treatment. Evidence that the information contained in the Handbook is shared with the member and family is obtained in the results of the Annual Provider Profiling process conducted by the CPSA Quality Management (QM) staff.

The Wellness Messenger is the quarterly newsletter distributed to members at treatment sites. The newsletter is used to help members understand access to care, how to contact advocacy services, and changes to the behavioral health system. A recent issue explained in detail how to apply for public benefits. The Provider Network list is available to members in written form upon request and through the CPSA Web site. The annual notice of the availability of the Provider Network list is included in the fall issue of *The Wellness Messenger*.

Other forms of written material, such as CPSA brochures, specific to each GSA, are readily available to stakeholders and state agencies in the behavioral health system. Written materials developed by CPSA are reviewed for completeness and accuracy and are submitted to DBHS for approval prior to use. The Director, Clinical Operations and the Communications Manager are assigned responsibility for development and oversight of all written documents distributed to recipients, family members, and stakeholders.

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Community Events, Forums, and Training

Special events are planned each year by the Long Rangers, each designed to educate the community and to share information. The Family Forum, held annually in May, is a successful event which draws several hundred participants who listen to consumers, family members and others describe personal treatment outcomes, explain new behavioral health initiatives and offer support and encouragement. The Family Forum is also held in GSA 3 using the same model for consumer and family voice in the planning process. The GSA 3 consumer-run service, Southeastern Arizona Consumer Run Services (SEACRS), and the GSA 3 Human Rights Council are active participants with the Long Rangers in planning the GSA 3 Family Forum held annually in June. At the Family Forum, exhibits provide information to recipients and families on health-related topics, applying for public benefits and the availability of behavioral health services. CPSA hosts an exhibit in English and Spanish to explain the behavioral health delivery system, and to answer questions and provide information on how to use the Member Advocates for support and guidance. These types of events are key to enhancing community awareness and support.

Other annual events include the Adult Recovery Luncheon, the Family Fun Day picnic held in conjunction with the City of Tucson Parks and Recreation Department, and the Mental Health Arts Show. Each event includes opportunities for the recipient and family voice in the planning and implementation of the event. All of these events have increased attendance each year and are seen as great successes in bringing members together and highlighting the importance of behavioral health treatment to the greater community. Upon request, CPSA makes available translation and interpretation services at these events.

CPSA makes particular effort to involve family members in events and as participants on community-based committees and councils. In addition to the Long Rangers, recipients and family members participate as members of the Adult Community Councils and the Children's Community Councils, as well as in other regular meetings and councils. These councils gather community input and report through the Public Policy Committee, a standing committee of the CPSA Board of Directors. The activities of the Long Rangers and the Adult Community Council are facilitated by the two Adult Network Managers and the Community Education Specialist in GSA 5. In GSA 3, the Southeast Regional Manager facilitates meetings with state agencies, stakeholders and both Community Councils. These opportunities for communication with council participants assists CPSA in informing these groups about a broad range of issues and have been crucial in assisting with "spreading the word" about system changes and new initiatives. (See response 1-k for a meeting list, including council meetings and the responsible staff.)

The sharing of information with stakeholders and state agencies is crucial to assuring open communication and coordination of care. CPSA staff members and providers meet regularly with state agencies in both GSA 3 and GSA 5 including Child Protective Services (CPS), Department of Developmental Disabilities (DDD) and AHCCCS Health Plans and provider staff in the quarterly Coordination of Care meeting. Membership in the Children's Community Councils includes Child Protective Services (CPS), family members, community agencies and MIKID. In the Adult Community Councils, Adult Protective Services (APS) is represented, as well as the criminal justice system. In addition to meetings with stakeholders groups, including providers, communication is strengthened at the "front line" through deployment of provider and CPSA staff members to co-locations such as CPS offices, juvenile justice offices and the detention center in GSA 5. Communication with judges, CPS case managers and detention officers is improved by having co-located staff ready to explain access to care and covered services and to share information on treatment options.

Every effort is made to educate recipients and providers on the need to include family members in the assessment and treatment process. The intensive CPSA training process on the initial assessment focuses on the need for a warm and welcoming approach to engagement and re-engagement of the recipient and family members. A written information sheet for family members is in development to communicate accessibility, family role and treatment options. The information sheet will recognize that adult recipients may not want family involvement regardless of encouragement by the Adult Clinical Team members. CPSA's extensive training calendar is available to members, families and community stakeholder and many sessions are presented by video teleconferencing to accommodate more participants. (See response 3-r for additional information on training.)

CPSA Web Site

CPSA has operated its Web site successfully for the past five years. At the most recent Administrative Review conducted by DBHS, the Web site met all established requirements. In addition to informal feedback from stakeholders and the Administrative Review, CPSA monitors and analyzes Web site use and the site contains mechanisms for receiving feedback from visitors. CPSA operates its Web site on seven cornerstone principles that ensure it is relevant to the informational needs of members, family members, providers and other community stakeholders. The Web site is:

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- 1 • **Informative across a variety of stakeholder needs** – CPSA recognizes differing informational needs of members,
2 providers, families, state agency staff and other stakeholders.
- 3 • **Current** – Parts of the Web site are updated daily. Other pages are updated as needed, but always frequently
4 enough to ensure that the information is timely.
- 5 • **Professional in appearance** – The CPSA Web site is designed with the awareness that it may be a stakeholder’s
6 first exposure to the behavioral health system, and his/her perception of the RBHA and the system of care in
7 Arizona may be based on that first impression.
- 8 • **Easy to navigate** – The Web site is designed with a simple logic and relevant information is rarely more than two
9 clicks away. An important strategy that facilitates ease of navigation, is the “Quick Links” on the Home page that
10 direct visitors to recently posted documents and other high priority information.
- 11 • **Presented in both English and Spanish** – In most cases now and increasingly over the next 12 months, the Web
12 site will be entirely bilingual.
- 13 • **Compliant with the Americans with Disabilities Act (ADA) Section 508** – In many cases now and increasingly
14 over the next 12 months, the Web site will meet all ADA Section 508 requirements (see enhancements below).
- 15 • **Part of a larger communication system** – The Web site is always consistent with other CPSA communication
16 sources.

17 The information contained within the CPSA Web site includes:

- 18 • An overview of CPSA, what it is and its role in the delivery of behavioral health services in the five counties of
19 GSA 3 and GSA 5;
- 20 • The steps involved in enrollment into the system. Along with the narrative, there is a link to a map identifying
21 CPSA provider sites;
- 22 • A listing of CPSA providers including phone numbers, addresses and Web site addresses, if available;
- 23 • All CPSA newsletters, both the current and past issues, are available to download or to read online;
- 24 • A calendar of trainings and community events is updated monthly;
- 25 • A Library page containing documents that members and other stakeholders can download or read online;
- 26 • Employment opportunities that are updated weekly with a listing of all open positions at CPSA. An employment
27 application is available to download;
- 28 • Over 80 important links to other Web sites. Ensuring ease of navigation, the links are categorized into nine general
29 areas; and,
- 30 • The status of relevant legislation when the Arizona State Legislature is in session.

31 Over the next year the enhancement plans for the Web site will include:

- 32 • Links to a library of health care and mental health information in easy to read articles;
- 33 • Expansion of the CPSA-focused employment page to a community-wide behavioral health employment page. This
34 will be a joint venture of CPSA, its providers and Jobing.com; and,
- 35 • Expansion of the Web site’s many features to accommodate low vision users, those with color vision deficits and
36 those with photosensitive epilepsy. CPSA will ensure that the Web site is fully compliant with ADA Section 508
37 through expansion of accommodations to the visually impaired, such as the use of text tags for navigation buttons,
38 links and all graphic images.

39 The staff person responsible for Web site content and design is the Director of System Development and Evaluation,
40 who works closely with CPSA’s Editorial Board and the Information Technology Department.

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1-n. Additional Information

In July 2003, the President's New Freedom Commission on Mental Health submitted its final report, *Achieving the Promise: Transforming Mental Health Care in America*. CPSA's efforts to incorporate the concepts and principles from the Commission's report to "transform" the CPSA system of care are already well underway. Listed below are the six goals of the Commission's report and specific examples and/or strategies that CPSA has either recently implemented or will implement over the course of the next contract cycle.

CPSA WILL ENSURE THAT THE SYSTEMS OF CARE IN GSA 3 AND GSA 5 ARE ALIGNED WITH THE PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH REPORT

Goal 1 - Americans Understand that Mental Health Is Essential to Overall Health

- **Health Care Integration Project** – One of CPSA's Comprehensive Service Networks in GSA 5 (COPE Behavioral Services, Inc.) has co-located its mental health services with El Rio Community Health Center to better serve members who have co-occurring health and physical health problems. The project has served to educate members and providers in the health care system.
- **Outreach and Education** – CPSA staff plays an active role in making presentations providing information on mental health and mental illness at the local, state and national levels. The relationship between mental illness and general health status is addressed in a variety of forums, including civic groups, advocacy, professional meetings, and in professional journals. For example, over the past year, CPSA staff has presented on this topic at the Addiction Technology Transfer Center, the annual Seeds of Success Symposium presented by the Mental Health Association of Arizona, the Kiwanis Club, and the Arizona Evaluators Association meeting.
- **Mental Health News Online** – CPSA uses its Web site to inform the community, on a daily basis, about issues in mental health, many of which relate to the relationship between mental health and overall health. On a daily basis, CPSA researches and provides links to news found in newspapers, professional magazines and other newswire sources. In a typical month approximately 10 to 15 articles posted on the Web site address the topic of health status. As an example, on August 26, 2004, one news article posted on the Web site was entitled "Pain Common Side Effect of Depression." Another related article posted that same day was entitled "Calculating the Cost of Mental Health Care."

Goal 2 - Mental Health Care is Consumer and Family Driven

- **A Sourcebook for Families** – In 2001, CPSA was awarded a grant from St. Luke's Health Initiative to publish *A Sourcebook for Families Coping with Mental Illness (Sourcebook for Families)*, a 242-page resource guide written specifically to help families understand how to navigate and negotiate the system of care and how to take an active role in the assessment and service planning process. The philosophy behind the *Sourcebook for Families* is to empower families by providing information and inspiration. The *Sourcebook for Families* has proven to be so popular and useful that it is now in its second revision and printing. Nearly 20,000 copies are being used and distributed, free of charge, by CPSA and its providers as well as by National Alliance for the Mentally Ill (NAMI) Arizona affiliates, the Mental Health Association of Arizona affiliates, other RBHAs, the correctional system, advocacy groups and mental health providers in other states. To further expand distribution, the *Sourcebook for Families* is also available for download (in PDF) on the CPSA Web site as well as through a link on the St. Luke's Health Initiatives Web site.
- **Child and Family Teams and Adult Clinical Teams** – CPSA has implemented Child and Family Teams over the past 18 months and is currently implementing Adult Clinical Teams.
- **Long Range Public Education Coalition (Long Rangers)** – The Long Rangers, a coalition consisting of members and family members which reports to the CPSA Board of Directors, continues to play a major role in helping to set CPSA policy, through participation in the Board's Public Policy Committee.

Goal 3 - Disparities in Mental Health Services are Eliminated

- **Geoaccess** – CPSA has a comprehensive geoaccess program to analyze the accessibility of its service delivery system. As reported in a recent issue of *Outcomes, Innovations & Best Practices* (published by CPSA), the system utilizes Bureau of Census, Social Indicator and Utilization information to help inform decisions regarding areas of the community where underutilization may be an issue. The Geoaccess data have played a major role in the development of CPSA's *Cultural Proficiency Strategic Plan* which addresses the cultural and linguistic needs of CPSA as an organization, as well as those of providers, members and their families throughout the system.

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- The *Cultural Proficiency Strategic Plan*, which will be posted on the CPSA Web site, resulted from working directly with the identified cultural liaisons from each of the Comprehensive Service Networks to develop plans that will enhance services and strengthen areas in need of growth. (See response 2-h.)

Goal 4 - Early Mental Health Screening, Assessment and Referral to Services are Common Practice

- **Prevention System** – CPSA coordinates a Prevention System designed to not only provide services that can help to reduce the need for mental health services, but also to ensure that individuals who require services are identified early and enrolled in the system of care. As a result of its community assessment in 2000, CPSA adopted three overarching goals based on risk- and protective-factor research, for its Prevention System: increased school attachment; increased family bonding; and, decreased norms, laws and policies favorable to substance abuse. (See response 3-t.)
- **Birth Through Four Workgroup** – CPSA has been instrumental in the roll-out of a comprehensive training and consulting plan for infant and toddler mental health.

Goal 5 - Excellent Mental Health Care is Delivered and Research is Accelerated

- **Research Projects** – CPSA maintains strong relationships with the Departments of Psychiatry and Psychology at the University of Arizona. These relationships serve to facilitate community-based research projects that can be used to inform service delivery. Currently CPSA providers are involved in four research projects being conducted by University of Arizona clinical faculty and research staff .
- **Presentations and Publications** – CPSA staff continues to present at statewide and national meetings as well as to publish in professional journals. Over the past year, CPSA staff has presented research and best practices reports at the Addiction Technology Transfer Center and the Seeds of Success Symposium presented by the Mental Health Association of Arizona. Within the past two months, two articles authored by CPSA staff have been published in professional journals – “Made in Arizona: A Public Sector, Full-Risk Behavioral Health System that Works,” by Neal Cash, published in *Behavioral Healthcare Tomorrow*; and, “Consultative Intervention to Improve Outcomes of High Utilizers in a Public Mental Health System,” coauthored by Michael Berren, Ph.D. and published in *Perspectives in Psychiatric Care*.
- **Outcomes, Innovations and Best Practices** – Since 1999, CPSA has been publishing *Outcomes, Innovations & Best Practices*, a research newsletter which serves as a tool to help ensure that promising practices are encouraged and shared by and with the local provider community. The newsletter is published three times per year with article topics that have included thorough descriptions of specific programs, outcome data, and abstracted reviews of best practices derived from the clinical literature. In two of the 2003 issues, CPSA published extensive descriptions of innovative House Bill 2003 services along with analysis of the outcomes. In order to ensure the widest readership possible, *Outcomes, Innovations & Best Practices* is published both in full-color, hard copy with a distribution list of over 1,500 readers as well as on the CPSA Web site. Over the next year, the newsletter will focus on issues such as outcome data and analysis of various approaches to the delivery of telemedicine services as well as a review of recovery literature.

Goal 6 - Technology is Used to Access Care and Information

- **TeleHealth Program** – Arizona Physician’s IPA (APIPA), in conjunction with providers in the CPSA system of care have begun a pilot study by offering innovative telemedicine services designed for members who:
 - Have co-occurring medical and psychiatric disorders;
 - Have had a difficult time adhering to ongoing treatment; and,
 - Are at-risk for health care problems that will require crisis and/or emergency services, when outpatient services would have been sufficient with treatment adherence.

Members enrolled in the pilot program have a TeleHealth® system installed in their home that allows for two-way interactive telecommunication between the member and the health care and mental health care providers. The technology that drives the telemedicine interface is a unit called the Care Companion Station. In addition to providing audio/visual interface, the technology allows for remote monitoring of blood pressure, weight, pulse oximetry, and blood glucose. The unit used by the provider staff allows for real time displays and downloading of all peripheral measures.
- **Web site** – CPSA envisions its Web site as a significant link in the use of technology to access behavioral health care and information. Some of the current features of the site include:
 - **Daily Updates** – The Web site is updated daily. “Mental Health News”, for example, is updated by 9:00 a.m. each weekday with current news articles regarding mental health and substance abuse.

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- 1 • **Bilingual** – Important documents on the Web site are presented in both English and Spanish. In addition, more
2 than 50% of the pages, documents and links on the site are available in Spanish with plans for the site to be
3 completely bilingual within the next 12 months.
- 4 • **Obtaining Services** – An easy to understand narrative describes the steps involved in obtaining crisis services
5 or enrolling in the CPSA system of care. Along with the narrative, there is a link to a listing of CPSA providers
6 (including links to provider Web sites where available) as well as service area maps identifying CPSA provider
7 sites. A “click” on any site location on the map directs the visitor to a bilingual site listing which includes
8 address, phone and fax numbers, hours of operation, languages spoken, and a site photograph.
- 9 • **Newsletters** – Available for download are current and past issues of the *CPSA Report*, designed to update the
10 community about CPSA programs and activities; *Outcomes, Innovations and Best Practices*, designed for
11 providers of behavioral health services to share service delivery outcomes and innovations; and, *The Wellness*
12 *Messenger* (bilingual), designed to educate members and their families about healthy lifestyle choices,
13 community events, and resources.
- 14 • **Resource Center** – CPSA documents for members, providers and stakeholders are available online and for
15 download. The documents include the *Member Handbook*, the *Provider Manual* including forms, *Client Rights*,
16 *Code of Conduct*, the *Medication Formulary*, Assessment and Service Plan Tools, and the *CPSA Annual*
17 *Report*.
- 18 • **Links** – CPSA maintains over 80 links to Web sites where important information of interest to members,
19 families and stakeholders may be obtained. In order to ensure ease of navigation the links are categorized into
20 nine areas:
 - 21 • Professional Organizations
 - 22 • Mental Health and Substance Abuse
 - 23 • Health and Wellness
 - 24 • Federal Agencies & Entitlement Programs
 - 25 • Arizona – Agencies, Information and RBHAs
 - 26 • Southern and Southeastern Arizona Government and Information
 - 27 • AHCCCS Health Plans
 - 28 • CPSA Providers with Web sites
 - 29 • Support, Advocacy Information and Self-Help
 - 30 • Legal Advocacy Information
 - 31 • Minority Issues

32 In addition to the above information that is always available, the CPSA Web site is updated weekly with the status
33 of relevant legislation when the Arizona State Legislature is in session.

34 Over the next year, plans for improving and enhancing the Web site include:

- 35 • **Health Care Information** – Adding links to a library of health care information provided through HealthWise
36 Knowledgebase or other third party vendor, which will contain health care and mental health care information
37 in easy to read articles in a database which may be searched by keyword, category, etc.
 - 38 • **Personal Folders** – Developing a secure, interactive online area where members and selected members of their
39 treatment team may hold discussions and share information.
 - 40 • **Computers in Outpatient Facilities** – Currently available and well utilized in consumer-run facilities, CPSA
41 plans to expand availability of computers to outpatient facilities where members may access the CPSA Web site
42 and the information and links described above.
- 43